American Optometric Association

American Optometric Association
NEWS

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AOA convinces CMS to warn Medicare Part D plans to stop requiring DEA numbers on all Rxs

Following meetings with the AOA, the U.S. Centers for Medicare and Medicaid Services Physicians Regulatory Issues Team (CMS PRIT) is warning Medicare Part D Prescription Drug Plans that U.S. Drug Enforcement Administration numbers cannot be routinely required on all prescriptions as a form of prescriber identification.

DEA identification numbers can be required only on prescriptions for controlled substances, the CMS PRIT emphasized in a directive to Medicare drug plans last month.

The directive came after optometrists in several states told the AOA Advocacy Group

see DEA, page 6

Alabama ODs meet with senator

From left, AOA Assistant Director of Government Relations Alicia Kerry Jones; UAB School of Optometry Dean John Amos, O.D.; Alabama Optometric Association Executive Director Amanda Buttenshaw; Senator Richard Shelby (R-AL), AOA-PAC Board of Directors Chair Rose Betz, O.D.; and AOA Contact Lens and Cornea Section Chair Jack Schaeffer, O.D.

AOA leaders and staff met with Sen. Richard Shelby (R-AL) in Tuscaloosa, AL, on Dec, 21, 2006.

The meeting with Sen. Shelby, chairman of the Senate Appropriations subcommittee on Commerce, Justice and Science, focused on legislation aimed at amending the *Fairness to Contact Lens Consumers Act.*

The AOA asked for the senator's support to ensure that a crackdown on unscrupulous Internet contact lens sellers would be the top priority for revisions to the FCLCA, as the CJS subcommittee is where a 1-800 Contacts-backed amendment was added in the Fiscal Year 2007 Appropriations Bill.

During the meeting, AOA representatives provided examples of overfilling by Internet contact lens sellers and cited patient safety concerns related to prescription verification safeguards.

Bush signs bill halting Medicare SGR pay cut

Plans to cut Medicare Part B physician reimbursements 5 percent across the board in 2007 officially came to an end Dec. 22, as President George W. Bush signed *The Tax Relief and Health Care Act.*

The subject of an intense lobbying effort by the AOA and other health care provider groups (see *AOA News*, Dec. 18), the Act overrides a U.S. Centers for Medicare and Medicaid Services (CMS) proposal, announced last fall, to cut Medicare Part B physician reimbursements by an average of 5 percent, effective Jan. 1, in line with an annual Medicare fee adjustment process.

However, many providers, including optometrists, could still see reductions in their Medicare reimbursements this year, as a result of other changes in the CMS's 2007 payment policy package, the AOA Advocacy Group cautions.

Key provisions in the new legislation center around the Medicare conversion factor — a critical element in the government health plan's complex fee-setting formula.

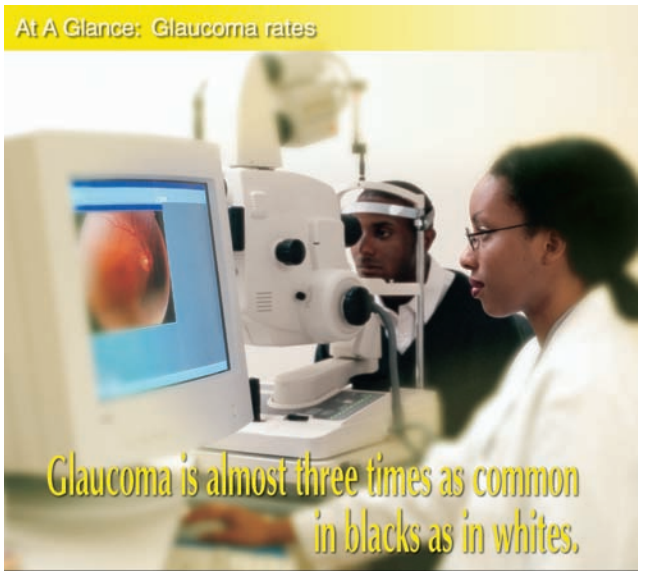
Federal law requires the conversion factor be updated annually to reflect changes in federal health outlays and other considerations.

Changes in the conversion factor — such as a 5 percent reduction proposed by the CMS last year — generally produce a ripple effect that will be reflected throughout the Part B pay schedule.

An annual updating of the conversion factor is generally the single greatest factor influencing changes in Medicare Part B reimbursements in any given year, the AOA Advocacy Group notes.

Under last month's legislation, the Medicare conversion factor will be maintained during 2007

see Medicare, page 4



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References:
1. Survey of 300 optometrists. *Harris Interactive®*. June 2006. 2. Rosenthal RA, Bell WM, Schlech BA. Evaluation of a new contact lens disinfection formulation for disinfection efficacy. Alcon Laboratories, Inc. Poster presented at: ARVO 2005. 3. Garofalo R, Dassanayake N, Carey C, et al. Corneal staining and subjective symptoms with multipurpose solutions as a function of time. *Eye Contact Lens*. 2005;31:166-167. 4. Andrasko GJ, Ryen KA, Garofalo RJ, Lemp JM. Compatibility of silicone hydrogel lenses with multi-purpose solutions. Alcon Laboratories, Inc. Poster presented at: ARVO 2006.

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American Optometric Association
243 N. Lindbergh Blvd.
St. Louis MO 63141
800 365-2219
www.aoa.org

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AOA News Staff
www.aoanews.org

Bob Foster
EDITOR-IN-CHIEF
RAFOSTER@AOA.ORG

Bob Pieper
SENIOR EDITOR
RFPIEPER@AOA.ORG

Tracy Overton
ASSOCIATE EDITOR
TLOVERTON@AOA.ORG

Stephen M. Wasserman
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SMWASSERMAN@AOA.ORG

Advertising

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President's Column

New optometry schools and the free market


Dr. Crooks

As AOA president, one of the most enjoyable and enlightening parts of my duties is listening to members.

A topic that is on many minds right now is the possible launch of one, or more, schools of optometry.

The board of directors of the Western University of Health Sciences has approved a plan to add a college of optometry to its Pomona, CA, campus (see *AOA News*, Oct. 30, 2006).

In addition, the University of North Carolina at Pembroke had, until recently, considered launching a school of optometry. Those plans have been shelved.

As we all know, there are rumors that surface regularly concerning an optometry school planned in this state, or that state. At the AOA we work to stay informed and to keep you informed about changes to the profession.

For the profession as a whole, the issue of graduating more optometry students has several facets.

When academia starts looking into adding a professional school, it shows a vote of confidence that the profession is growing and is attractive to prospective students. If we need evidence that our profession is healthy, there it is.

If we need more evidence, take note of *U.S. News & World Report* listing Optometry on its list of "The Best Jobs to Have in 2007."

However, if there are too many college openings for a profession, it can mean that schools are not as selective as we might like them to be. Imagine if there was an opening for every student who applied to optometry school regardless of qualifications. It would reflect badly on the future of the profession, and on the value of the education we all invested in.

Fortunately, the number of applicants has been growing.

For me, when members raise the issue of new schools of optometry, I note that any school must maintain the high standards we have come to expect.

The profession has several "watchdogs" for the 19 schools and colleges that are open.

The first is the Accreditation Council on Optometric Education. ACOE, which is itself accredited, reviews all aspects of an optometry school: the faculty, curriculum, and student achievement.

There is also the National Board of Examiners in Optometry. By administering the national boards, the NBEO ensures that students don't start practice until they have demonstrated their abilities to apply knowledge properly.

For the individual members, the issue of new optometry schools is far more personal. Some members are concerned that increasing the number of optometrists who graduate each year could add to competition. They worry that more ODs equals less opportunity.

Some of them have asked the AOA to "stop" these schools from launching.

However, for legal reasons, the AOA cannot and will not adopt positions or engage in discussions predicated upon those particular concerns.

The AOA cannot, under the antitrust laws, take positions that would be construed as reducing, restricting, or

See Schools, page 16

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Public Awareness

Campaign tops 1 billion impressions

After targeting baby boomers during Save Your Vision Month, contact lens wearers during the *Fusarium* keratitis outbreak, and parents of young children during the Ready for School campaign, AOA public relations efforts have reached the impressive landmark of 1 billion media impressions.

Over the course of two years, the campaigns cumulatively resulted in:

- More than 3,200 total placements
- More than 90 national placements
- Reached all 50 states
- Reached 14 countries.

"To reach the 'one billion impressions' mark is a significant milestone for this association and the profession of optometry," said Randy Brooks, O.D., AOA secretary-treasurer and Optometry Awareness and Public Affairs Committee member. "This level of media exposure has certainly increased the AOA's visibility and credibility with reporters and writers, and I am confident that the AOA will continue to be consulted for future eye and vision coverage in print and broadcast stories."

Since the advent of the AOA's relationship with public affairs firm Hill & Knowlton (H&K), the AOA's visibility in the press doubled in terms of references to the association.

In 2003-2004, media cited the AOA in 128 articles. In 2005-2006, the AOA was cited in 257 articles.

"We've seen excellent synergy between the AOA Communications Group and H&K," said Dr. Brooks. "It's great that we have an external group that complements the work of the AOA."

The intent of the public relations campaigns is to promote greater awareness and understanding of optometrists and their scope of practice.

Campaign strategies include raising the visibility of optometry, taking on issues, and addressing attacks.

When the AOA stepped up to address the *Fusarium* keratitis outbreak, the massive outreach and education netted 650 million impressions through more than 1,100 print and broadcast news stories in more than 60 national news outlets, all 50 states and 14 countries.

As part of the scheduled campaigns, AOA spokespersons are made available to news services, national television and radio networks, and magazines, as well as major market newspapers and broadcasters.

The public relations team sends out hundreds of press packages to major media outlets across the country.

The AOA Communications Group also makes sample press releases available on the AOA Web site. AOA members can download and submit the press releases to local media.

AOA member kits are also available for media relations, community presentations, or outreach to specific audiences.

As part of the January campaign for National Glaucoma Awareness Month, AOA President C. Thomas Crooks III, O.D., co-authored an article with National Optometric Association President Daniel Desrivieres, O.D., on the Congressional Black Caucus Foundation Web site.

The article "Sight Unseen: Glaucoma Takes Sight Without Warning—How to Protect Yourself" will appear on the Web site (*www.cbcfinc.org*) throughout the month.

The article is expected to receive 1 million page views.

Key Campaigns

January: National Glaucoma Awareness Month
March: Save Your Vision Month
August-September: Ready for School
October: American Eye-Q™
November: National Diabetes Month

Medicare, *from page 1*

at its 2006 level of $37.8795. That effectively nullifies any changes associated with the conversion factor in the Medicare Part B fee schedule this year (for additional explanation, see related article, page 5).

In 2007, however, payment rates for many services will also be influenced by one-time adjustments mandated under the federal *Deficit Reduction Act.*

That act requires adjustments in the Resource Based Relative Value Scale, another key component in the Medicare fee-setting formula.

Specifically, the Act requires a 10.1 percent reduction in the value of all work relative value units (RVUs), changes in the practice expense RVU setting methodology, refinements to the practice expense RVUs, re-weighting of Medicare geographic adjustment factors, limits on payments for imaging services, and other changes.

Overall, optometrists nationwide will see an average 3 percent reduction in the Medicare reimbursements in 2007, according to the CMS's Medicare Physician Payment Final Rule, published in the *Federal Register* last month.

However, that is well below the 8 percent reduction optometrists would have faced had *The Tax Relief and Health Care Act* not eliminated the planned 5 percent decrease in the Medicare conversion factor, the AOA Advocacy Group notes.

Reimbursement level adjustments for other provider groups this year range from a 13 percent decrease for diagnostic testing facilities to a 9 percent increase for infectious disease specialists, according to the *Federal Register*.

Geographic adjustments will also affect changes providers see in their reimbursements this year, the AOA Advocacy Group notes.

Additional information on changes in the 2007 Medicare physician fee schedule can be found online at *www.cms.hhs.gov/MLNMattersArticles/downloads/MM5443.pdf*.

Most Medicare carriers will post information regarding local Medicare reimbursement rates, with geographic adjustments, on their Web sites in the coming weeks, according to the AOA Advocacy Group.

Most will also include provider education articles on the fee changes in their next regularly scheduled bulletins.

Practitioners with questions regarding their local Medicare reimbursement levels can contact their Medicare carriers at their toll-free number which can be found at *www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip*.

Eye on Washington

Permanent Medicare fee fix is top legislative priority for 2007

As the 110th Congress convenes in Washington this month, the AOA and other health care provider organizations find reason to believe 2007 could be the year lawmakers finally take action to permanently stabilize Medicare Part B physician reimbursements.

"Medicare payment reform will be an ongoing issue in the 110th Congress," observed Jon Hymes, AOA Advocacy Group director.

A report by the Medicare Payment Advisory Commission, due in March, is expected to outline options for Medicare payment reform. The report could provide a basis for legislation to ensure Medicare providers get at least a moderate pay increase each year – or, at a minimum, protection from a continuing series of pay decreases, Hymes said.

Medicare Part B providers last month narrowly avoided a 5 percent cut in reimbursements planned for 2007 (see related article, page 1). In all, Medicare administrators have proposed Part B physician pay cuts during each of the past six years.

Fortunately, Congress and the president have intervened at the last minute to spare providers from those cuts during each of the past five years.

All of those proposed Medicare Part B physician reimbursement cuts have been attributable to the Sustainable Growth Rate (SGR), an element in the complex formula used to set Medicare pay rates, that ties reimbursement levels to the recent performance of the overall U.S. economy, according to Hymes.

The 5 percent cut planned for 2007 was averted last month as legislation was enacted to essentially freeze average 2007 Part B physician pay rates at their 2006 levels.
In 2006, Congress and the president froze Part B reimbursements at their 2005 levels after Medicare administrators proposed a 4.4 percent cut.

Part B physicians were spared a planned 3.7 percent pay cut in 2004 and a 4.5 percent cut in 2005, after legislation was enacted to override the Medicare fee-setting formula and allow a 1.5 percent increase in reimbursements during each of those years.

In 2003, health care practitioners received a 1.6 percent increase in Medicare reimbursements, after Medicare administrators initially proposed a 4.4 percent cut based on the fee-setting formula.

In 2002, Medicare Part B reimbursements were cut 5.4 percent, based on the formula, with lawmakers taking no action to rescind the cuts.

Under federal law, Medicare adjusts its fee-for-service reimbursement rates each year on Jan. 1. Generally, the most important factor influencing those yearly pay adjustments is the annual updating of the Medicare conversion factor, which now is set at $37.8795. The SGR, in turn, is a major determinant in setting the conversion factor.

The AOA and other health care provider groups have been lobbying to amend the Medicare fee setting formula by replacing or eliminating the SGR.

Unless the formula is changed, providers will face a 10 percent reduction in Part B reimbursements in 2008. Medicare administrators acknowledged last year that, without changes, the formula will cut Medicare Part B payments 26 percent over a seven-year period.

All of the "short term fixes" in Medicare Part B pay rates enacted over the past five years have been the result of extensive lobbying efforts by the AOA and other health care provider organizations, Hymes noted.

However, provider organizations have also appealed to lawmakers for a "permanent fix" to stabilize Medicare reimbursements over the long run, Hymes emphasized.

Failure to stabilize payments rates could threaten the integrity of the entire Medicare system, provider groups say.

Unfortunately, competing legislative priorities have kept long-term Medicare payment stabilization off the congressional agenda, Hymes said. But that could change this year, he adds.

Medicare payment reform will be a top priority when members of the AOA Keyperson Network, organized optometry's grassroots lobbying corps, meet in Washington, DC, April 23-25 for the AOA Advocacy Group's annual Congressional Conference and Hill Day lobbying effort, Hymes said.

Unless the formula is changed, providers will face a 10 percent reduction in Part B reimbursements in 2008. Without changes, the formula will cut Medicare Part B payments 26 percent over a seven-year period.

Feb. 14 deadline for Medicare participating provider program

The registration deadline for practitioners who wish to enroll or change their status in the Medicare Participating Provider Program for calendar year 2007 is now Feb. 14, according to the U.S. Centers for Medicare and Medicaid Services (CMS).

Under the Medicare Participating Provider Program, health care practitioners agree to accept Medicare Part B reimbursement as payment in full for treatment of Medicare beneficiaries. In return, the participating providers are listed in an official Medicare provider guide.

Previously, the CMS had required health care providers to file any changes regarding their Medicare participation status by Jan. 1. Changes in physicians' participation status will still be effective Jan. 1.

DEA, *from page 1*

that some Medicare prescription drug plans have been refusing to honor their prescriptions for non-controlled eye care pharmaceuticals because those prescriptions did not bear DEA numbers.

As a result, Medicare Part D enrollees have been needlessly denied access to glaucoma medication or other ophthalmic pharmaceuticals under the government's prescription drug program, the practitioners said.

Representatives of the AOA Advocacy Group arranged a special meeting with William Rogers, M.D., CMS medical officer and PRIT director, Nov. 28 to relate those practitioner concerns. The directive to Medicare drug plans was issued Dec. 7.

"The American Optometric Association reported to the PRIT that some PDPs require that prescribers write their DEA numbers on the prescription even for non-controlled substances. Because some practitioners do not have DEA numbers, this requirement prevents the patient from filling their prescription," the CMS PRIT directive notes.

DEA prescriber identification numbers are issued by the DEA Diversion Control Program as part of an effort to track the flow of pharmaceuticals regulated under the federal *Comprehensive Drug Abuse Prevention and Control Act* of 1970.

Because many health care providers hold DEA identification numbers, some insurance plans and pharmacies have come to require DEA numbers as a form of provider identification on claim forms or prescriptions.

However, practitioners who have little occasion to write prescriptions for controlled substances in their practices often opt not to apply for DEA identification.

Moreover, the DEA has repeatedly warned that its identification numbers are to be used only for the tracking of controlled substances.

The agency has begun a campaign to curb the use of its identification numbers as a routine form of practitioner identification on prescriptions or insurance claims.

Medicare Part D enrollees have been needlessly denied access to glaucoma medication or other ophthalmic pharmaceuticals under the government's prescription drug program, the practitioners said.

Reports of PDPs inappropriately requiring DEA numbers have come primarily from optometrists in Florida and Ohio, according to the AOA Advocacy Group; however, complaints have also been received by optometric associations in several other states.

"CMS and the Drug Enforcement Administration agree that DEA numbers should only be required for controlled substances. PDPs should not require the DEA number on a prescription unless the prescription is for a controlled substance. If a provider encounters a DEA number request from a PDP for a non-controlled substance, the PRIT would like to know the drug, the plan's name, and the date this occurred," the CMS PRIT directive states.

The directive is being sent to all Medicare prescription drug plans and is also being posted on the PRIT page of the CMS Web site (*www.cms.hhs.gov/PRIT*).

The CMS PRIT has asked AOA to report any additional cases in which Medicare prescription drug plans improperly request that optometrists provide DEA numbers on prescriptions for non-controlled substances.

The AOA Advocacy Group advises optometrists who are improperly requested to provide DEA numbers on Medicare Part D prescriptions to record the drug, the plan's name and the date of the incident.

ODs should forward the information they have documented to AOA Washington office staff person David Danielson at (800) 365-2219, ext. 1349 or *DSDanielson@ aoa.org*.

Neal J. Bailey, O.D., Ph.D., 1917-2006

Neal Bailey, founding editor of *Contact Lens Forum* in 1976 and the founding editor of *Contact Lens Spectrum* in 1986, died Christmas Eve, at age 89.

After receiving his B.S. *summa cum laude* in optometry from The Ohio State University in 1947, he practiced in Escanaba, MI, until returning to OSU, earning his Ph.D. in Physiological Optics in 1954.

He taught at Indiana University and created a contact lens teaching facility at IU. In 1958, he returned to Columbus, OH, to private practice. He was also an adjunct clinical associate professor at OSU before Irv Bennett, O.D., suggested that he become the first editor of the *Contact Len Forum* in May 1976. He later started *Contact Lens Spectrum* in January 1986, a journal that later absorbed the former *Contact Lens Forum* as well.

"Dr. Neal J. Bailey has brought distinction to his profession as demonstrated by his awards from every major professional organization in his field including the Contact Lens Person of the Year Award by the Contact Lens and Cornea Section of the AOA, the Max Shapero Memorial Lecture and Founders Award by the American Academy of Optometry, the Dallos Award for significant contributions to the contact lens field by the Contact Lens Manufacturers Association, as well as the Kevin Tuohy Award from the Contact Lens Society of America," said Joe Barr, O.D., who succeeded Dr. Bailey as editor of *Contact Lens Spectrum*.

"He authored more than 120 articles and chapters on contact lenses and practice management and was one of the clinical investigators of the soft contact lens in the U.S.," Dr. Barr said.

"Neal was always brutally honest about contact lenses, their manufacturers, colleagues and the economics of optometry, eye health and the contact lens industry. Thus, many in the field trusted him and sought his counsel and advice. He was a great historian," Dr. Barr said.

In his final years, Dr. Bailey moved from Columbus to live with his daughter, Nancy, in Laredo, TX.

Survey season

ODs urged to respond to CMS survey

Optometrists who have been selected to take part in the U.S. Centers for Medicare & Medicaid Services (CMS) 2007 Medicare Contractor Provider Satisfaction Survey (MCPSS) are urged to respond by Feb. 28, according to the AOA Advocacy Group

The survey is designed to provide the CMS with quantifiable data on provider satisfaction with the performance of Medicare fee-for-service contractors (carriers).

The CMS uses the survey data to support claims processing improvement by contractors and to reform the Medicare Program.

"If you are one of the 35,000 providers randomly chosen to participate in the 2007 MCPSS implementation, you have an opportunity to help CMS improve service to all providers," a CMS statement notes.

The CMS instituted the annual survey last year in compliance with the *Medicare Prescription Drug, Improvement and Modernization Act of 2003* (MMA), which requires the agency to measure provider satisfaction levels.

Survey participants are selected each year from among the 1.2 million physicians, health care practitioners, and facilities that serve Medicare beneficiaries.

Providers selected to participate in the survey this year were notified by mail during the first week of January.

The survey is designed to be completed in about 15 minutes, and providers can submit their responses via a secure Web site, mail, fax, or over the telephone.

The MCPSS focuses on seven major aspects of the provider-contractor relationship — provider communications, provider inquiries, claims processing, appeals, provider enrollment, medical review, and provider audit and reimbursement.

Respondents are asked to rate their experiences working with contractors using a scale of 1 to 6, with "1" representing "not at all satisfied" and "6" representing "completely satisfied."

"The survey will enable CMS to gauge provider satisfaction with key services performed by the contractors that process and pay the more than $280 billion in Medicare claims each year," the CMS MCPSS Web site notes. "CMS uses the results of the survey to improve its oversight and increase the efficiency of administration of the Medicare program. Contractors will use the results to improve the services they offer to providers."

Westat, a survey research firm, is responsible for all aspects of the survey administration including printing and mailing the survey materials, processing all completed surveys, analyzing the data and reporting the results.

More information about the MCPSS and results of the 2006 survey are available at: *www.cms.hhs.gov/MCPSS.*

AMA, AOA to conduct Physician Practice Information Survey

The American Medical Association (AMA) with the support of the AOA and more than 60 other medical specialty societies will begin conducting a multi-specialty survey of America's physician practices beginning in 2007.

The purpose of the survey is to collect up-to-date information on physician practice characteristics in order to develop and redefine AMA and AOA policy. Data related to professional practice expenses will also be collected. The AMA and AOA will survey thousands of physicians over the year from virtually all physician specialties to ensure accurate and fair representation for all physicians and their patients.

During the year 2007, optometrists may be contacted by the Gallup Organization to participate in this study. The AOA encourages participation in this survey, as the data obtained will be a critical source of information for the AMA and AOA.

"Should you be called upon to contribute, your participation ensures that the information collected will represent you and your patients' concerns to national policymakers. Please watch for this survey in 2007 and do your part in completing it in a thorough and accurate manner," said a notice from the AOA Washington Office.

The newest inductees of the National Academy of Practice in Optometry (NAPO). The new members are (row one, from left) David Seibel, O.D.; Robert Davis, O.D.; Louise Sclafani, O.D.; Arthur Epstein, O.D.; Erik Ikeda, O.D.; Col. Francis McVeigh, O.D.; and John Thomas, O.D. (Row two) NAPO Past Chair Robert Newcomb, O.D.; NAP President Jane Ball, Ph.D., RN; NAPO Chair William Padula, O.D.; and Vincent Vicci, O.D.

Boston attractions await Optometry's Meeting™ attendees

The voices of the past beckon visitors to discover the charm and rich history of one of America's oldest cities. Boston, host to the 110th Annual AOA Congress & 37th Annual AOSA Conference: Optometry's Meeting™ , offers an endless list of activities and attractions to delight all visitors—history buffs as well those who appreciate the conveniences of modern life.

The Boston skyline as seen from the Harbor.

Explore the Colonial period and this country's fight for independence on a walking tour of the Freedom Trail. Retrace the steps of our forefathers at the sites of the Boston Tea Party, Bunker Hill Monument and the USS *Constitution.* Spend some time in one of the country's oldest parks, Boston Common.

The past and present converge at Faneuil Hall—the meeting hall and marketplace where "taxation without representation" was protested. It is now a marketplace with shopping and restaurants. Take a stroll on the campus of Harvard University or catch a baseball game at Fenway Park.

The Boston skyline indicates that this city is more than just a historical site. Its role as a hub of technology and medicine has made Boston a vibrant, metropolitan destination.

Visit the New England Aquarium, and take in a whale watching tour. The John F. Kennedy Library and Museum, Museum of Science, Museum of Fine Art, and Boston Children's Museum can provide hours of educational and entertaining fun. See the city from a different perspective by taking a Duck Tour—a visit by land and by water.

If shopping is a favorite pastime, visitors will find great locations within Boston's city limits.

Newbury and Boyleston Streets are well-known for their shopping experiences, as are the Shops at Prudential Center, Copley Place and Downtown Crossing.

AOA selects 4 Boston hotels for meeting

Sophisticated, elegant accommodations describe each of the four properties chosen as the 110th Optometry's Meeting™ lodging in Boston.

Each hotel offers high-speed Internet access, fitness facilities, fine dining and convenient locations to many of the attractions Boston has to offer.

Optometry's Meeting™ attendees will want to choose one of the four properties for their convenience and to ensure AOA room blocks are filled.

Sheraton Boston
As one of the co-headquarters hotels of Optometry's Meeting™, the Sheraton Boston provides comfort and convenience to every guest. Its guest rooms have views of the city and the Charles River and feature the Sheraton Sweet Sleeper™ Bed. Indoor walkways between the hotel and the Hynes Convention Center are a convenient option for guests. Café Apropos is a great way to start the day, with its traditional Northeastern breakfasts. The SideBar & Grille offers a relaxed dining experience. There is even poolside dining for those who may want to spend some time relaxing by the pool. The hotel is within walking distance of several well-known Boston attractions including the Freedom Trail, Fenway Park and Faneuil Hall. The Shops at Prudential and Copley Place feature 200 shops for visitors to Boston to enjoy.

Boston Marriott Copley Place
In the other co-headquarters hotel, the Boston Marriott Copley Place, the guest rooms feature 300-count linens, fluffier pillows, down comforters and thicker mattresses—an excellent way to end a long, busy day for any conference attendee. Guests can choose to dine at one of the hotel's four restaurants, which feature American and sports bar fare and Japanese sushi.

Westin Copley Place
The Westin Copley Place is linked to the Hynes Convention Center by skybridge. There are guest rooms with beautiful views of the city. In addition to the fitness center, guests can relax and rejuvenate at the Grettacole Spa. All appetites can be satisfied at the hotel's six restaurants featuring an American menu for breakfast or brunch, steaks, lobsters and sushi. Guest rooms at the Westin Copley Place are non-smoking.

Boston Park Plaza
Fine dining is a hallmark of a guest's stay at the Boston Park Plaza featuring eight restaurants including Todd English's Bonfire Steakhouse, Swan's Café, McCormick & Schmick's Seafood, Smith & Wollensky's Steakhouse. Guest rooms provide a comfortable place to relax and unwind after a long day of CE courses, networking, and House of Delegates activity.

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Publication in CDC report is 1st for optometry

The Centers for Disease Control and Prevention (CDC) *Morbidity and Mortality Weekly Report* (MMWR) published an article about visual impairment and eye care for older adults on Dec. 15, 2006.

R. Norman Bailey, O.D., was listed as the first contributor, making him the first optometrist to report on an article in the CDC's *Weekly Report*.

RW Indian; Xinzhi Zhang, M.D., Ph.D.; LS Geiss; Michael Duenas, O.D., (the only full-time optometrist at the CDC); and JB Saaddine, M.D., also contributed to the report.

"There are several health issues in this issue of the MMWR, but 'Visual Impairment and Eye Care Among Older Adults – Five States, 2005' was the lead article," said Dr. Bailey.

"Vision care and visual health are gaining attention in the U.S. and in the world by the World Health Organization and others due to its particular impact on aging populations and economic impact on countries and regions that have little or no accessibility to eye care," said Dr. Bailey.

The article details the results of a five-state telephone survey using the Behavioral Risk Factor Surveillance System (BRFSS) vision module.

"Each year's BRFSS survey has certain required modules of questions along with several optional modules for each of the states to consider," said Dr. Bailey. "Since the optional modules are typically not funded by the federal government, it is up to the state governments or non-governmental organizations, such as the AOA, to fund these optional modules."

The CDC analyzed the data gathered from the vision module in Iowa, Louisiana, Ohio, Tennessee, and Texas to estimate the prevalence of self-reported visual impairment, eye disease, eye injury, and lack of vision insurance and eye examinations among people 50 years and older and certain racial and ethnic populations.

"The purpose of the BRFSS surveys, as I understand, is to collect baseline data on the self-reported health of citizens of each of the states," said Dr. Bailey. "Obviously, the government is not interested in just collecting statistics. The federal government—and states—would like to see policies and programs by government and non-government groups address the problems uncovered by these surveys. The vision module would not be expected to be run for many consecutive years.

"I understand there should be a pause of several years before repeating the survey to see if programs and policies put in place by public and private groups, such as the AOA, state optometric associations, ophthalmology, Prevent Blindness America and others, had made a difference in health status," he said.

"Obviously, this is not just an optometric endeavor, but one for all who are interested in the visual health of the citizens of this country," Dr. Bailey said.

Prior to the vision module's introduction, Dr. Duenas of the CDC made a presentation at the AOA Healthy Eyes and Healthy People™ conference in 2004. The AOA reported that it would fund one of the states to administer the survey.

"I immediately started lobbying for Texas to be the supported state and was pleasantly surprised when all parties came together—the CDC, AOA, Texas Department of State Health Services, and maybe others," said Dr. Bailey. "I attended the Texas BRFSS User Group meetings that year. I was asked if I would be interested in making a poster report of the 2005 Texas results to the March 2006 CDC Annual BRFSS Conference in Palm Springs, CA."

Currently, 11 states are in the process of administering the vision module.

The AOA, the University of Houston College of Optometry Foundation for Education and Research in Vision, the Texas Optometric Association, and the American Academy of Ophthalmology jointly funded the Texas module for a second year in 2006.

"I would hope that optometry in each of the states would get behind this effort to help fund and support the BRFSS vision modules," said Dr. Bailey. "But, more importantly, I would hope that optometry in each state would organize, promote, and/or participate in programs to advance the vision health of their citizens. The CDC will soon be announcing, if it has not already done so, a national vision program of which optometry has played a role in its development."

To view the MMWR article, visit *www.cdc.gov/mmwr/preview/mmwrhtml/mm5549a1.htm*.

Study offers first state-specific data on eye conditions, care

New CDC Behavioral Risk Factor Surveillance System (BRFSS) data provides the first state-specific estimates of the self-reported prevalence of visual impairment, eye disease, and use of eye care services.

The data show varied prevalence of eye conditions among the five states reporting, suggesting needs for state-level surveillance of visual impairment.

Prevalence of visual impairment ranged from 14.3 percent in Iowa to 20.5 percent in Ohio. Prevalence of cataract ranged from 29.0 percent (Texas) to 34.3 percent (Iowa).

Eye care insurance coverage and use of eye care varied among the five states, suggesting the need for investigation of potential barriers to eye care to enable development of vision-loss prevention and eye health promotion programs tailored to individual state needs.

Persons in the five states cited "no reason to go" (42.8 percent in Louisiana to 60.9 percent in Iowa) and "cost/insurance" (18.5 percent in Ohio to 22.1 percent in Tennessee) as the most common reasons for not having visited an eye care professional in the preceding 12 months.

Although annual dilated eye examinations are recommended for persons with diabetes and those 65 and over, the survey finds approximately 44 percent of those age 60-69 years and 32 percent of those 70-79 had not had a dilated eye examination during the preceding 12 months.

Similarly the study found approximately 41 to 46 percent of respondents age 50 and older had not had a dilated eye examination, with approximately 30 to 35 percent having not visited an eye-care professional during the preceding 12 months.

Men were more likely than women to report not having had a dilated eye examination or not having had an eye care visit.

Overall, persons age 50 to 59 were least likely to report not having eye care insurance. With the exception of diabetic retinopathy, women had higher prevalence of visual impairment and eye disease than men.

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NJ pilot program has mandatory eye exams for 2nd graders

Lawmakers introduced a bill in New Jersey that would establish a pilot program requiring mandatory eye exams for second grade students.

The three-year pilot program is intended to eliminate inappropriate referrals to special education programs for students who have undiagnosed vision-related problems that result in costly special education classification.

The legislation was motivated by recommendations regarding comprehensive eye exams for students in the report, "Individual Supportive Education Reform Agenda for New Jersey Reading," published by the New Jersey Commission on Business Efficiency in the Public Schools in 2006.

Assemblyman Patrick Diegnan Jr. authored and introduced the bill and has been working with the New Jersey Society of Optometric Physicians, according to Bryan Markowitz, executive director.

"Cost has been a possible concern for other states considering children's vision legislation," said Markowitz. "But having a pilot program in three districts for three years will keep the cost minimal and allow us to see what the results will show."

The bill would require students in three school districts in different areas of the state to receive a comprehensive eye examination by an optometrist or ophthalmologist at the end of second grade.

The bill defines a comprehensive eye examination as an "evaluation that includes a child's history, external and ophthalmoscopic examination, visual acuity, ocular alignment and motility, refraction, and assessment of accommodation and binocular vision, performed by an optometrist or ophthalmologist."

The program will collect data from the school districts regarding the types, number and severity of the vision-related problems diagnosed; the percentage of students classified as eligible for special education programs and services in the five years prior to the start of the program and in each year the district participates in the program; analysis of the cost savings to the school district as a result of the reduction in the number of classified students; and the level of parental satisfaction with the program.

The legislature would also establish a special fund to cover the cost of eye exams for uninsured students. If the bill passes, NJSOP will contribute $10,000 to the fund.

Contact Sherry Cooper at *SLCooper@AOA.org* for a copy of the New Jersey commission report.

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AOA taking applications for summer internship

Optometry students can contribute to optometry and add valuable experience to their resumes by applying for the summer student internship at the AOA's St. Louis headquarters.

Internship is open to all first, second, and third-year optometry students. The position lasts eight to 12 weeks during summer break, depending upon the selected student's availability.

Benefits include a weekly salary of $300. The AOA provides round-trip coach airline transportation (or mileage to and from St. Louis), plus any travel expenses undertaken during internship on behalf of the AOA.

The intern will learn about (and work on projects for) the AOA Communications Group, Clinical Care Group, State Government Relations Center, and Information & Member Services Group, as well as the International Library, Archives and Museum of Optometry (ILAMO).

The intern will travel to Optometry's Meeting™ and take part in vision screenings at the Junior Olympics. Past interns have had procedures adopted by AOA departments and work published in AOA publications and on *AOA.org*. Several have gone on to leadership positions in organized optometry on the local, state and national levels.

The AOA will make every effort to help the selected candidate secure affordable housing in St. Louis for the internship period.

Send a letter of interest and a current resume, via e-mail or regular mail by March 5, 2007 to:

Laurie Bergman (*LWBergman@aoa.org)*, AOA Student/Faculty Administrator, 243 N. Lindbergh Blvd., Floor 1, St. Louis, MO 63141-7881. The candidate will be selected on the basis of the letter of interest and resume by a committee of AOA-member optometrists.

For more information, contact Laurie Bergman, (314) 983-4106.

CLCS offers research awards

The AOA Contact Lens and Cornea Section (CLCS) has announced four research awards.

- Allergan is supporting a student award for research papers dedicated to the "Contemporary Challenges in the Diagnosis and Management of Dry Eye."
- CIBA Vision is supporting a student award for research on "Decision Making in Contact Lens Practice, the Why and the When."
- CIBA is supporting a second student award reviewing "The Evolution of Continuous Wear: How has our knowledge of corneal oxygen requirements, material oxygen transmission, tear exchange behind the lens and ocular pathogens shaped our thinking about continuous wear contact lenses?"
- Vistakon is supporting a resident award addressing "My Most Challenging Contact Lens Case."

Each award will include:

- One first-place award providing a $2,000 check, round-trip coach airfare and two-nights stay at Optometry's Meeting™, as well as meal reimbursement, a prestigious plaque, and acknowledgement at the annual business meeting of the CLCS at Optometry's Meeting™ this coming June in Boston.
- Two "runner-up" awards will provide a $1,000 check and certificate.

To be eligible, the author must be a current CLCS member, meet the submission deadline of April 30, 2007, include complete contact information with submission, specify which award submission research paper covers and must be present at the AOA CLCS' Annual 2007 Optometry's Meeting™ events.

The CLCS Awards Committee will review and score the research papers on relevancy, clinical findings/analysis, and conclusion write-up.

Submissions should be e-mailed to *LJRickard@AOA.org* and a copy mailed to: AOA Contact Lens and Cornea Section, Attn: Lila Rickard, 243 North Lindbergh Boulevard, Floor 1, St. Louis, MO 63141

Applicants will be notified of the committee's decision prior to May 25.

For further questions, please contact Lila Rickard at (800) 365-2219 x 4137.

APHA Vision Care Section seeks award nominees

The Vision Care Section (VCS) of the American Public Health Association (APHA) invites nominations for three prestigious awards:

- **The Distinguished Service Award:** (Sponsored in part by a grant from Vistakon): The highest honor the section can bestow, presented to an individual, institution or group who has made an outstanding contribution or demonstrated continual high-quality service in the area of public health eye/vision care.
- **The Outstanding Scientific Paper/Project Award:** This award recognizes an individual, group, or institution that has contributed significantly to the advancement of eye/vision care in the public health field. The contribution can be a paper either previously published or suitable for publication or a written description of a project. The paper/project should represent work within the last two or three years, though the project may have been continuous for a longer period.
- **The Outstanding Student Paper/Project Award:** Recognizes a student or group of students who have contributed significantly to the advancement of eye/vision care in the public health field from the perspective of a student in optometry, medicine, public health, or related health professions programs. The contribution may be a paper previously published, suitable for publication, or a detailed written description of a project. The paper or project must represent work that has occurred while the student(s) is/are enrolled in a professional program, although the award may be conferred after graduation. However, the award may not be granted more than 12 months after graduation.

Awards recipients will be honored during the next annual meeting of the American Public Health Association to be held in Washington, DC, Nov. 3 –7, 2007.

Nominations are requested by March 31, 2007, and should include a narrative statement of 250 words or less with each nomination along with a copy of the paper/project to be considered.

Nominations should be sent to: Satya B. Verma, O.D., chair of the VCS Awards Committee, Pennsylvania College of Optometry, 8360 Old York Road, Elkins Park, PA 19027 (215) 780-1345, *satya@pco.edu*.

Schools, *from page 3*

limiting the output of optometrists or optometric services, as this is viewed by antitrust authorities as a form of price fixing.

For this compelling legal reason, the AOA does not make statements concerning any proposed new optometry schools based on such considerations.

The AOA has a serious obligation to comply with the antitrust laws, as the failure to do so would have devastating consequences for our members, as well as the AOA.

Members' concerns illustrate the antitrust dilemma very well. Some make the point that optometric competition is already very steep, and that there is no need to graduate more optometrists. But the antitrust laws are designed precisely to ensure that there is always more competition and to prevent any attempt to interfere with the operation of the free market to increase competition.

Therefore, it is simply not possible for the AOA to advocate for minimizing competition.

That is the official legal answer to the issue. Now, for a practical view: The AOA has no control over an institution of higher learning deciding to start an optometry program (or shut one down for that matter). It comes down to a basic business decision. The decision makers at these institutions look at the market, determine their "view" as to the supply and demand and create a business plan. If they believe that there is an unmet demand, and if they believe they can fill those new seats with qualified students, and if they believe they can also make a profit, then you can expect to hear announcements of new schools being opened.

With all of that being said, we need to know what our members think, and we want our members to know that we are on top of the issues that concern them. We may not always be able to do exactly what every individual member might want us to do, but please be assured that we never take a position or choose not to take a position without full and due consideration of all aspects of an issue.

There is much debate still to be had over optometric education, including the issue of new optometry schools. But the AOA will not be framing any of its input in that discussion based on trying to reduce competition, and we encourage all of our members to avoid focusing any discussion on that idea.

We do not want to find ourselves in the position of the American Veterinary Medical Association, which was involved in a multiyear lawsuit with Western University over allegations of antitrust activities.

ODs who are concerned about the future of the profession can take an active role by encouraging promising young students to consider a career in optometry. Everyone involved in the issue agrees that the profession benefits when more students apply to optometry schools and take the Optometry Admission Testing Program exam.

All of us share a deep love of the profession, as well as a huge investment in time and, often, capital. When change is imminent, I urge everyone to work toward bettering the profession. By doing that, we are prepared for any change that may come.

COMMISSION ON PARAOPTOMETRIC CERTIFICATION

CERTIFICATION EXAMINATION SCHEDULE

Exam Date/Deadline	Location	Sponsor/Contact Information
Feb 25/Jan 11	Atlanta, GA	SECO International www.secointernational.com
Mar 17/Feb 3	Seattle, WA	Washington Para Section dmbyrd@aoa.org
Mar 24/Feb 10	New York, NY	New Jersey Para Section njsu@aol.com
Mar 30/Feb 16	Des Moines, IA	Iowa Optometric Assistant Assn. dmbyrd@aoa.org
Apr 14/Mar 2	Regional Sites	See chart for locations
May 27/Apr 16	Phoenix, AZ	Arizona Optometric Assn. jane@azoa.org
Jun 29/May 18	Boston, MA	Optometry's Meeting™ dmbyrd@aoa.org
Sep 8/Jul 28	Regional Sites	See chart for locations
Oct 7/Aug 27	St. Louis, MO	Missouri Optometric Assn. joyce@moeyecare.org
Practical Examinations		
May 5/Mar 19	Madison, WI	Madison Area Technical College dmbyrd@aoa.org
Jun 30/May 18	Boston, MA	Optometry's Meeting™ dmbyrd@aoa.org
Oct 4/Aug 27	St. Louis, MO	Missouri Optometric Assn. dmbyrd@aoa.org

Please note that additional locations for the CPOT Practical Examination may be added at a later date by the CPC only. Contact the CPC office for information, examination application, and candidate handbooks at 800-365-219 ext. 4210 or download from the AOA Web site at http://www.aoa.org.

New for 2007—All study materials are available through the AOA Paraoptometric Section and will need to be ordered separately. Contact PS@aoa.org or 800-365-2219 ext. 4222 for information.

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ACOE seeks input on process

The Accreditation Council on Optometric Education (ACOE) seeks input from the profession, the educational community, and members of the public as it accredits programs in optometry.

Although the ACOE is ultimately responsible for decisions on accreditation and the setting of educational standards, the council seeks input from a broad community of interests as it develops its standards and applies them in the accreditation process.

"The ACOE Web site, *www.theacoe.org*, includes a "Call for Comments" section and encourages any interested individual to provide feedback to the council when revisions to the ACOE's standards and process are considered," said Larry D. Stoppel, O.D., ACOE chair from Washington, KS.

"The ACOE also posts a list of its upcoming site visits, and individuals who wish to provide the council with comments on substantive matters pertaining to educational quality or compliance with the standards regarding an accredited program, or a program seeking initial accreditation, may do so," Dr. Stoppel said.

The Web site currently includes a call for comments on the first draft of the proposed *optometric residency* standards, which are undergoing a comprehensive review that the ACOE conducts every five years. By early February, the "Call for Comments" section will also include the third draft of the proposed revisions to the *professional optometric degree* standards.

The ACOE Web site publishes the council's most recent accreditation decisions, its lists of accredited programs, accreditation manuals and standards, and a description of the accreditation process.

In an effort to keep the optometric and educational community informed of its activities, the council regularly sends copies of its proposed changes, recent actions and annual reports to state boards of optometry, most of which require graduation from an accredited optometric institution prior to licensure, state optometric associations, other accreditors, and many other interested individuals and groups.

Just as the ACOE accredits by evaluating programs' compliance with ACOE standards, the council itself is evaluated by both the U.S. Department of Education (USDE) and the Council on Higher Education Accreditation (CHEA).

"Recognition by USDE and CHEA indicates that the Council is a reliable authority on the quality of the programs it accredits. ACOE submits written petitions to these external agencies demonstrating compliance with their predetermined criteria and undergoes a recognition review process at regular intervals," Dr. Stoppel said.

The council also conducts regular evaluations of its site visit process requesting feedback from the programs seeking accreditation as well as from the team chairs and members conducting the evaluation visits.

The ACOE Quality Improvement Committee reviews the input at least once a year and makes recommendations to the ACOE for areas the Council might wish to target for improvement. In some cases, the standards may be revised or concerns raised in evaluations that may spur the ACOE to make additions to its training process for site visitors or to provide accredited programs with more information on the standards.

According to its mission, the ACOE serves the public by establishing, maintaining and applying standards to ensure the academic quality and continuous improvement of optometric education that reflect the evolving practice of optometry.

Donation builds ILAMO collection

After 30 years at Duffens Optical Company in Hannibal, MO, Al Lehenbauer amassed quite a collection of optical instruments and other optometry-related items. Lehenbauer recently donated his collection to the International Library, Museum and Archives of Optometry located at the AOA headquarters in St. Louis, MO. "I am one who doesn't throw much away," said Lehenbauer about the large collection. Shown are a "Self-Test Optometer" by Clark Optical; sets of stereoscopic test cards; leather motorists' goggles; a box of schematic eye test retinas; various spectacles; Bausch & Lomb anatomical models; a small wooden shipping box (used for mailing between optical lab and customer); and an F.A. Hardy Optical Co. skiascope.

Researchers report on myopia development

Researchers presenting papers at the American Academy of Optometry last month shed new light on the forces that shape myopia.

Myopic changes in patients wearing lotrafilcon A silicone hydrogel lenses were significantly lower than in those wearing HEMA hydrogel lenses, even after controlling for baseline refractive error and age. The lower myopic shifts in silicone hydrogel lens wearers were observed across a broad age range.

Lead researcher Adam Blacker at The Ohio State University College of Optometry re-analyzed data from a recent study. He found that patients wearing lotrafilcon A silicone hydrogel lenses on an up to 30-night continuous wear basis had less myopia progression (mean = +0.10 ± 0.60 D) than a comparison group of HEMA hydrogel daily wear lens patients (mean = –0.75 ± 0.76 D).

Given that myopia progression slows with increasing age, researchers reanalyzed the data controlling for age and refractive error at baseline.

In a multivariate model, age and lens type remained significant and the age-adjusted changes in refractive error were +0.02 D for silicone hydrogel wearers and –0.41 D for hydrogel wearers.

Multivariate models, stratifying by age in decades, showed that lens type was a significant factor in 10-19 and 20-29-year-olds, and approached significance in 30-39-year-olds.

Different etiologies

As previously reported, the proportion of juvenile-onset myopes with two myopic parents is significantly higher than the proportion with no myopic parent, or just one myopic parent.

The new finding is that the proportion of adult-onset myopes does not vary by number of myopic parents. These results suggest that there may be different etiologies for juvenile-onset and adult-onset myopia, according to Jane Gwiazda, Ph.D., of the New England College of Optometry.

In the study, 308 people ages 9 to 32 with multiple refractions — and with refractions from both parents — were included. All children were refracted in the laboratory by non-cycloplegic retinoscopy. Parents were either refracted in the laboratory or their prescriptions were obtained from their eye care providers. Myopes were defined as having a spherical equivalent refraction less than –0.50 D.

The children's data were divided into three age groups based on age of onset of myopia: 9-10 years, 14-15 years, and over 16. All subjects had to have a prescription in the earlier age group, and only incident myopes were included. The association between refractions in children and their parents was evaluated.

Researchers found that 45/308 (14.6 percent) of the children became myopic by age 9 or 10 and 39/182 (21.4 percent) between ages 11 and 14-15. Significantly more of the myopic children had two myopic parents compared to zero or one myopic parent, both at ages 9-10 and 14-15. For the 13/119 (10.9 percent) of the subjects with age of myopia onset later than 16, the distribution did not differ by number of myopic parents.

Jane Gwiazda, Ph.D.

OD finds higher rates of glaucoma in people with sleep apnea

To determine whether an association exists between patients with sleep apnea syndrome (SAS) and glaucoma — and consequently whether SAS represents a risk for glaucoma, Leo Semes, O.D., of the University of Alabama at Birmingham School of Optometry, reviewed nearly 71,000 medical records,

A retrospective records review was undertaken to identify unique patients who had diagnostic codes for sleep apnea and glaucoma. The records of all patients seen between Jan. 1, 2003, and Dec. 31, 2005, were searched. Those who had an eye examination based on one of the following procedure codes (92014, 92004, 92002, 92012) and a diagnostic code (ICD-9) for either sleep apnea (327.20, 327. 21, 327.23, 327. 27, 327.29, 780.51, 780.52, 780.57) or glaucoma (365.XX) were included. Data were entered into a specially designed database for sorting and merging.

A total of 70,960 unique individuals had a record of a visit to the Birmingham Veterans Administration Medical Center during the study period. Of the 2,725 patients with a diagnosis of sleep apnea, 228 (8.37 percent) also carried a diagnosis of glaucoma. Diagnosis of glaucoma was present in 3,410 of 68,235 patients (5 percent) without sleep apnea.

Analysis suggested that individuals with SAS are more likely to have a co-existing diagnosis of glaucoma than individuals without SAS.

"SAS represents a significant risk factor for glaucoma, and this association should be considered when managing patients who report a diagnosis of SAS," according to the researchers, who presented at the American Academy of Optometry last month.

Orthokeratology findings

Better results with night wear...

Daytime wear of orthokeratology lenses appears to cause an increase in corneal staining, which was most noticeable in high myopes, reported Christopher Clark, O.D., of Indiana University School of Optometry. This was not the case following overnight wear with increasing amounts of treatment.

"The movement of the lens during the open eye condition and the degree of flatness of the back central curvature on the cornea in high myopes may be responsible for the increase in corneal staining," he noted. It appears from this data that daytime wear to accelerate treatment in high myopes needs further study.

Ten subjects were fit with an orthokeratology lens. These subjects were divided into low, moderate and high myopes. They were randomly assigned to wear the lenses during sleep or while awake. A period of time for cornea to return to baseline was allowed in between lens wear. Corneal staining with fluorescein and topography were documented.

In all cases, corneal topography data for overnight wear showed a centered bull's eye pattern. Topography data for daytime wear were highly variable, especially in the high myopes.

Grade 1 corneal staining was recorded on only one cornea out of three in the low myopes during day time wear. None of the corneas in the low myope group had any staining following overnight wear.

One moderate myope had grade 1 staining during daytime wear and none stained during overnight wear.

All high myopic eyes exhibited grade 2 or higher corneal staining during daytime wear, while only one eye exhibited grade 1 staining after overnight wear.

No heightened risk for infection

However, orthokeratology did not appear to increase susceptibility to infection, according to a study reported by Jennifer Choo, O.D., of the Vision Co-operative Research Centre, University of New South Wales.

Topographical corneal changes following orthokeratology lens wear in cats mimic those in human wearers, but the changes in this cat model did not increase corneal susceptibility to infection despite exposure to conditions considerably more extreme than would be expected to occur in typical "real" lens wearing situations.

Eighteen cats were used in a study involving a series of increasing bacterial challenges to the cornea. Each animal was randomly fitted with an alignment RGP lens on one eye and an orthokeratology lens (Paragon CRT) on the contralateral eye. Lenses were worn on an overnight schedule with topographic changes monitored by Medmont corneal topography.

After establishing that the corneal changes were appropriate for each design, a total of four different corneal challenges of increasing severity involving exposure to an invasive strain of Pseudomonas aeruginosa (6294) were conducted: two-week overnight wear of lenses followed by a bacterial challenge; six-week overnight wear of lenses with an end bacterial exposure; two-week overnight wear of contaminated lenses plus nightly drops of bacteria; two-week overnight wear of contaminated lenses plus daily drops of bacteria onto the cornea. The animals were regularly monitored for any adverse responses. A positive control scratch test infection was also carried out.

Dr. Choo

Average treatment effect with orthokeratology lenses was approximately -4.75D. An inflammatory response was observed in all eyes with challenges 3 and 4. However, none of the 18 animals developed an ocular infection in either the alignment or orthokeratology treated eyes for any of the bacterial challenges.

Call for posters now open

The AOA is inviting participation in the Clinical and Scientific Poster Session at the 110th Annual AOA Congress & 37th Annual AOSA Conference: Optometry's Meeting™.

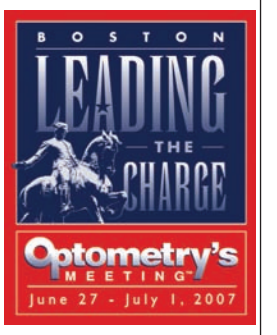
The program creates a national forum for clinicians, students, and faculty to communicate interesting cases and unique research to their colleagues.

The poster preview session will be held Friday, June 29, 2007, and the interactive session offering continuing education credit will be Saturday, June 30, 2007, from 11 a.m. to 2 p.m. at the John B. Hynes Convention Center.

Poster abstracts must be submitted electronically and must be received by Feb. 5, 2007.

For more details and an electronic submission form, log on to *www.optometrysmeeting.org* and click on the "Call for Posters" icon.

For more information, contact Stacy Smith at (314) 983-4254 or *sasmith@aoa.org*.



AOA Insurance Committee highlights importance of long-term care insurance

One insurance product that is gaining in popularity is long-term care insurance.

Unlike other programs that help patients recover from illnesses and other medical conditions, long-term care insurance helps patients deal with permanent problems resulting from permanent or prolonged disability or cognitive impairment.

While in the past, family members were able to help with caring for the physically or cognitively impaired, changes in society have made that more difficult now. Families are now separated geographically more than ever before.

Families are smaller, so there are fewer family members available to care for those who need it.

All adults in the family may have to work – leaving little time for care. And finally, the number of people who might need care is growing daily.

There just aren't enough family members to care for the person who is afflicted.

While permanent life insurance, savings, reverse mortgages, investments, and other personal investments can be used to pay for care, the timing of needed care and the duration of care may easily outlast the resources available.

Medicare pays for some care, but Medicare support for conditions requiring long-term care is very limited and eligibility is difficult to maintain.

Medicaid pays for long term care, but to qualify the person who needs the care must be poor – or that person has to become poor by spending down the assets it took a lifetime to accumulate before he or she can qualify.

Long-term care insurance guarantees that care will be there when it is needed.

Care includes non-professional services: help with the activities of daily living – bathing, dressing, toileting, transferring (in and out of bed or wheelchair), and eating, as well as skilled care, either at home or in a nursing home.

Long-term care insurance can also help with costs associated with preparing meals, grocery shopping, transportation and house work.

Respite care is also available when the primary care is given by a family member.

This benefit allows for a paid caregiver to assume the responsibility of care so that the family member can have anywhere from a few hours to a few weeks to recover from the burden of caring for a loved one.

Premiums vary with the benefits offered and selected. Maximum benefit periods vary from one year to life, although the latter is becoming rare.

Another approach is to use a maximum amount of money paid, or Pool of Money Benefit.

For these plans, the insured selects a maximum amount of money that will be paid for care.

That amount should be based on the cost of care in the area in which they live, times the number of years the insured wants to have care last.

The benefit of this approach is that if some care can be given at home – and many times it is – it will be cheaper than in a nursing home.

And, as a result, the pool of money will last longer – perhaps much longer.

Other benefits include inflation protection and non-forfeiture protection.

The latter insures that you get something in return if you stop paying premiums; either a part of the premiums are returned, or limited benefits are in force.

Like most policies written today, the AOA's endorsed program is individually written and fully underwritten.

Long-term care insurance has been around awhile, but it is just catching on with the general public.

It may be important for your financial planning and peace of mind.

For more, please call AGIA at (800) 245-4454 or Tom Weaver at (800) 365-2219 ext. 1343 or at *TWeaver@aoa.org*.

Section seeking nominations for Paraoptometric of the Year

The AOA Paraoptometric Section is requesting nominations for the Paraoptometric of the Year Award. The award is given annually to the optometric assistant or technician who has made the most outstanding and worthwhile contributions to the profession of optometry, paraoptometry, and the general public.

The Awards Committee will judge the nominees' performance based on the following criteria: service to optometry and paraoptometric associations, public service, and personal endorsement.

Nominees do not have to be winners of the state Paraoptometric of the Year Award. State winners are not automatically entered in the national contest. Nominees must be members of the AOA Paraoptometric Section, and membership must be in good standing.

Nominations can be submitted by a state, regional, or local paraoptometric organization, an AOA member OD, or an AOA paraoptometric member. Nomination forms are available through state associations and on the AOA Web site (*www.aoa.org*). To request information about the rules and criteria pertaining to this award, as well as a nomination form, e-mail PS@aoa.org, call (800) 365-2219, ext. 4222, or fax (314) 991-4101.

All nomination forms must be submitted by Feb. 23, 2007.

The Paraoptometric of the Year Award will be presented Thursday, June 28, 2007, at a luncheon during Optometry's Meeting™ in Boston. The honoree will receive a plaque, roundtrip airfare to Optometry's Meeting™, three nights' lodging at a headquarters hotel, and $500 to assist with travel expenses.

The award is sponsored by CIBA Vision, A Novartis Company.

Getting in touch with AOA

AOA's volunteer structure is supported by 96 staff. For more information on AOA's programs and services, you may contact the staff at the following numbers.

Accounts Payable
800-365-2219 x4248
Accounts Receivable
800-365-2219 x4239
Accreditation Council on Optometric Education
800-365-2219 x4246, x4223 or x4262
JLUrbeck@aoa.org
WJRedd@aoa.org
TAWirth@aoa.org
Address Changes
800-365-2219 x4112
(Leave message)
AddressChange@aoa.org
AOA News
800-365-2219 x4216
RAFoster@aoa.org
RFPieper@aoa.org
TLOverton@aoa.org
AOA Political Action Committee
703-837-1376
NBrazil@aoa.org
Aviation Vision
800-365-2219 x4244
JLWeaver@aoa.org
Awards (Member Records)
800-365-2219 x4238
MemberServices@aoa.org
Career Guidance Materials
800-365-2219 x4260
SKMeyer@aoa.org
Children's Vision Topical Interest Group (TIG)
800-365-2219 x4225
SDBrown@aoa.org
Classified Advertising
212-633-3986
K.Spurlock@elsevier.com
Clinical Care Information
800-365-2219 x4245/x4244
JLWeaver@aoa.org
Clinical Practice Guidelines
800-365-2219 x4237/x4244
BTKowalczyk@aoa.org
Coding/billing questions
703-837-1344 or
SCDwyer@aoa.org
Commission on Paraoptometric Certification
800-365-2219 x4135, x4210
DMByrd@aoa.org
SAlderson@aoa.org
Communications Group
800-365-2219 x4212
SMWasserman@aoa.org
Community Health Centers
(800) 365-2219 X 4284
JCWhitener-OD@aoa.org
Contact Lens and Cornea Section
800-365-2219 x4137 or x4224
LJRickard@aoa.org
Continuing Education: Opt. CE-Other Assns.
800-365-2219 x4117
ILAMO@aoa.org
Credits-AOA CE
800-365-2219 x4256
Council on Research
800-365-2219, x4284
JCWhitener-OD@aoa.org
Diabetes Initiative - CMS
703-739-9200, x1346
KHipp@aoa.org
Endowment Fund
800-365-2219 x4134
LABoyland@aoa.org
Environmental/ Occupational Vision
800-365-2219 x4244 or x4209
JLWeaver@aoa.org
Ethics and Values
800-365-2219 x4232
LPCarslick@aoa.org
Event Calendar
EventCalendar@aoa.org
Eye Care Benefits
703-837-1343
TWeaver@aoa.org
Federal Government Relations Center
703-739-9200, x1371
JFHymes@aoa.org
Finance Center
Accounts Payable
800-365-2219 x4248
Accounts Receivable
800-365-2219 x4239
Geriatrics/Nursing Facility
800-365-2219 x4237
BTKowalczyk@aoa.org
Hospital Practice
800-365-2219 x4237
BTKowalczyk@aoa.org
Industry Relations
800-365-2219 x4133
RABrauns@aoa.org
Infants' & Children's Vision Coalition
800-365-2219, x4245
BMossman@aoa.org
InfantSEE™
800-365-2219 x4286
InfantSEE@aoa.org
Insurance
800-837-1343
TWeaver@aoa.org
Keyperson Program
703- 837-1376
NBrazil@aoa.org
Legal Aspects of Practice
800-365-2219 x4236
EAOrtmann-Vincenzo@aoa.org
800-365-2219 x4234
LRPlunkett@aoa.org
800-365-2219 x4218
JMSerra@aoa.org
Library (ILAMO)
800-365-2219
Information and Loans x4117, 4118, 4102, or 4104; Calendar of Meetings x4117
Visionlink x4102
ILAMO@aoa.org
Low Vision Rehabilitation Section
800-365-2219 x4225
SDBrown@aoa.org
Managed Care
703-837-1343
TWeaver@aoa.org
Media Relations
800-365-2219 x4263
SLThomas@aoa.org
Medicare Coding
703-837-1344
SCDwyer@aoa.org
Medicare Policy
703-837-1346
KHipp@aoa.org
Member Records (AOA)
800-365-2219 x4131
MemberRecords@aoa.org
Member Services
800-365-2219 x4179
MemberServices@aoa.org
Memorials and Tributes (Book of Memory)
AOA Endowment Fund
800-365-2219 x4134
LABoyland@aoa.org
Museum
800-365-2219 x4102
LJDraper@aoa.org
National Diabetes Month Program (November)
800-262-3947 (Nov.)
JCWhitener-OD@aoa.org
New Technology
800-365-2219 x4245
JLWeaver@aoa.org
Ophthalmic Standards
800-365-2219 x4244/x4245
JLWeaver@aoa.org
Optometric Leadership Institute
800-365-2219 x4110
LMBaumstark@aoa.org
Optometric Recognition Awards (ORA)
800-365-2219 x4258 or x4260
ora@aoa.org
Optometry: Journal of the AOA
412-749-2568
PBFreeman@aoa.org
Optometry's Meeting™
General information
800-365-2219 x4214
DMGittemeier@aoa.org
Education
800-365-2219 x4254
SASmith@aoa.org
Exhibits
800-365-2219 x4255
KERodrigue@aoa.org
Student Programs
800-365-2219 x4251
LLTeasdale@aoa.org
Optometry's Career Center® (OCC)
800-365-2219 x4107 x4111
OCC@aoa.org
Order Department
To Place An Order:
800-262-2210
Business Cards/Office Forms:
800-365-2219 x4132
JRPayne@aoa.org
Payment Inquiries:
800-365-2219 x4239
Paraoptometric Section
800-365-2219 x4222
Pediatrics/Binocular Vision
800-365-2219 x4245
BMossman@aoa.org
Practice Assistance Program
800-365-2219 x4151
LDSmith@aoa.org
Practice Management Materials
800-365-2219 x4151
LDSmith@aoa.org
Practice Strategies
800-365-2219 x4267
RFPieper@aoa.org
Primary Care
800-365-2219 x4245/x4244
JLWeaver@aoa.org
Professional Relations
703-837-1346
KHipp@aoa.org
Public Health Issues
800-365-2219 x4284
JCWhitener-OD@aoa.org
Public Relations
800-365-2219 x4176
JMMahoney@aoa.org
SLThomas@aoa.org

Refractive Surgery Topical Interest Group (TIG)
800-365-2219 x4225
SDBrown@aoa.org
Quality Assessment and Improvement
800-365-2219 x4237
BTKowalczyk@aoa.org
Save Your Vision Month
800-365-2219 x4176
JMMahoney@aoa.org
Seal of Acceptance
800-365-2219 x4244/x4245
JLWeaver@aoa.org
Sports Vision Section
800-365-2219 x4107
DBKincaid@aoa.org
State Legislation/ State Licensure/ State Optometry Laws
800-365-2219 x4266
SLCooper@aoa.org
Student and Faculty Programs
800-365-2219 x4106
LWBergman@aoa.org
Surveys
800-365-2219 x4238
Memberservices@aoa.org
Third Party Issues
703-837-1343
TWeaver@aoa.org
Travel Reimbursement
800-365-2219 x4239
VAN - Vision Awareness Network (formerly AFVA)
800-365-2219 x4226
Dfox@aoa.org.
VISION USA
800-365-2219 x4261
VISIONUSA@aoa.org
Web Site Information
800-365-2219 x4219
GCWilton@aoa.org

Direct lines to AOA: A new phone system allows AOA members to reach AOA staff directly. For St. Louis staff, dial 314 983-XXXX, where the four digits are the four digit extension code listed. For Washington, DC office staff, dial 703 837-XXXX, where the four digits are last four digits listed.

Calling AOA? Help us serve you better.
When calling, if you leave a message be sure to include information on whether the number is for your home or office and from what time zone you are calling. Better, include information on the best time for AOA staff to return your call.

Advanced Medical Optics

Alcon

Allergan

Bausch & Lomb

CIBA Vision Corporation

CooperVision

Essilor of America

HOYA Vision Care

Liberty Sport

Luxottica Group

Marchon Eyewear

Optos

Signet Armorlite

TLC Vision Corporation

Transitions Optical

Vision Service Plan

VisionWeb

Vistakon, division of

Industry Profile is a regular feature in AOA News allowing participants of the Ophthalmic Council to express themselves on issues and products they consider important to the members of AOA.

Industry Profile: AMO

Advanced Medical Optics, Inc. (AMO) is a global medical device leader focused on the discovery and delivery of innovative vision technologies that optimize the quality of life for people of all ages.

AMO is the world's leading refractive company and the eye care practitioner's "Complete Refractive Solution." The company has achieved this position by delivering technologically superior products that allow eye care practitioners to provide their patients a continuum of refractive vision care. Over the past three years, AMO has grown revenue by more than 70 percent, allowing the company to increase R&D investment and acquire new technologies that enhance patient outcomes and improve practitioner productivity.

Over the past year, AMO further strengthened its intraocular lens (IOL) offerings, led by the Centers for Medicare and Medicaid Services (CMS) designation of the Tecnis® foldable IOL as a New Technology Intraocular Lens (NTIOL). The company also launched the Tecnis® CL IOL, an enhanced Tecnis® silicone lens, featuring blue modified C PMMA haptics for better visibility and easier implantation, and a frosted OptiEdge™ design for reduced edge glare and reduced posterior capsule opacification. No lens is better at addressing spherical aberration than the Tecnis® IOL, with its unique U.S. Food and Drug Administration (FDA) claim for improved functional vision.

The ReZoom™ multifocal IOL also continued to deliver high levels of patient and surgeon satisfaction whether implanted bilaterally or in combination with other technologies. In late 2006, the company launched a set of high-impact patient education materials—featuring ReZoom™ patient and professional golfer Gary Player—for doctors to use in their individual practices and regions.

AMO continues to build on its laser vision correction offerings with the development of innovative technologies used to perform LASIK and other refractive procedures. The company's CustomVue™ individualized laser vision correction procedure uses wavefront-guided technology and is approved by the FDA for the treatment of myopia, hyperopia, astigmatism and mixed astigmatism. The CustomVue™ treatment enables customized correction based on comprehensive diagnostic measurement of optical errors in an individual's eye.

The most significant new growth opportunities in the company's eye care business this year include its planned entry into the global over-the-counter dry eye market and the approval of a new multipurpose formula. AMO remains very confident in the overall direction of its eye care business and has moved aggressively to confront changing market conditions and position AMO for new opportunities.

AMO is based in Santa Ana, CA, and employs approximately 3,800 worldwide. The company has operations in 24 countries and markets products in approximately 60 countries. For more information, visit the company's Web site at *www.amo-inc.com*.

Nike pays homage to heritage

Nike Vision released its Sport Culture Ophthalmic Collection designed for active consumers. Each style in the collection features unique touches that honor the Nike heritage. The tread grip pattern inside the temple arm relates to Nike's first basketball shoe with a swoosh, the Blazer sneaker. The barrel hinges are engraved with "Est. 72," the year Nike was established. The custom cases have the Blazer tread engraved on the base and the 1972 Nike logo engraved on the top. Shown is style NI8001.

CooperVision designs CL for astigmatic presbyopes

CooperVision introduced the Proclear® Multifocal Toric lens, which is the only multifocal toric available in a monthly modality.

"We are thrilled to bring this product to market in a monthly modality," said Doug Brayer, marketing manager, CooperVision. "We are committed to our total Multifocal Solution, and Proclear Multifocal Toric is the first of many innovative multifocal products we will introduce over the next year."

The Proclear Multifocal Toric lens is part of the PC Hydrogel™ family of contact lenses, which employ CooperVision Balanced Progressive™ technology and PC Technology™.

The technology allows for independent adjustment of either distance sphere power or ADD power with a maximum of +/-0.50.

The lenses have a high water affinity that creates a shield of water on the lens surface, preventing deposits and resisting dehydration.

Proclear Multifocal Toric lenses are available in sphere power ranges of +4.00D to -6.00D in 0.25D steps; ADD powers of +1.00, +1.50, +2.00, and +2.50; cylinder powers of -0.75, -1.25, and -2.25; base curves of 8.4 and 8.8; and an axis of 5 degrees to 180 degrees in 5-degree steps.

"CooperVision leads the industry in multifocal contact lens solutions and continues to outperform in the category," said Brayer. "We are committed to offering eye care practitioners all the products they need to best fit their Presbyopic patients."

For more information, visit *www.coopervision.com*.

Industry News

CIBA Vision expands O_2Optix line

With the aim of assisting eye care professionals with the most challenging-to-fit contact lens patients, CIBA Vision introduced O_2Optix Custom lenses.

The O_2Optix Custom lenses, made from sifilcon A, have a Dk/t of 117 with a prescription of -3.00D.

The lenses transmit up to five times more oxygen than other made-to-order soft contact lenses (made of methafilcon B or phemfilcon A).

Contact lens patients with high myopia, high hyperopia, large or small corneas, steep or flat corneas, or aphakia can be fitted with O_2Optix Custom lenses.

"Made-to-order soft contact lenses tend to be thicker than standard soft lenses due to the unique design requirements," said Tim Giles, O.D., global head of Professional Services, Specialty Lenses. "This can impede the flow of oxygen. Therefore, patients that require unique parameters are often the ones who can benefit from high oxygen transmissibility the most, and now eye care professionals have a healthy and comfortable solution to offer these patients."

O_2Optix Custom lenses have a patented, biocompatible plasma surface treatment that resists deposits and contributes to healthy lens wear for patients, according to CIBA Vision.

The lenses are approved for daily wear and recommended for quarterly replacement. The more frequent replacement schedule, as compared to the typical annual replacement of low Dk/t conventional lenses, promotes better hygiene, according to CIBA Vision.

CIBA Vision uses its patented InnoLathe™ manufacturing technology to produce O_2Optix Custom lenses. This technology, in combination with the sifilcon A material, allows the company to lathe-cut the lenses, which was a challenge due to the unique properties of silicone hydrogel materials.

O_2Optix Custom lenses are available in North America in sphere powers from +20.00D to -20.00D in 0.25D steps. For more information, visit *www.o2optixcustom.com*.

Inspired by the Fendi B-Buckle belt and bag, Marchon Eyewear released the Limited Edition Fendi B-Buckle frame collection. The frames feature antique amber gold finished eyelets and belt loops and rhinestones and rivets on each temple. Shown is style FS382R.

Liberty Sport joins Ophthalmic Council

The AOA welcomed Liberty Sport as a participant of the Ophthalmic Council, which is made up of prominent industry supporters.

Liberty Sport was founded as Liberty Optical in 1929 by the DiChiara family.

In 2000, Liberty made a strategic change to focus on performance sun and sports protective eyewear and changed its name to Liberty Sport.

Liberty Sport has been working closely with the AOA. One of the company's sports protective eyewear frames was the first to receive the AOA Seal of Acceptance.

Liberty Sport co-sponsored the New Leadership in Advocacy Meeting and will provide support for KIDS (Keeping Injuries Down in Sports) grants, a grant program for states to increase the awareness of the need to protect athletes' eyes while playing sports.

"With new styles and increased government and professional awareness, we are now better able to eliminate the needless loss of sight that occurs during sports," said Anthony DiChiara, president of Liberty Sport. "I look forward to working with the AOA to be a leader in the growing movement to promote eye safety during scholastic and recreational sports."

Company launches first online EHR, practice management system

EyeCodeRight™ announced the launch of the industry's first online electronic health record (EHR) and practice management system.

The Web-based ECR v4.0 is accessible from any computer. ECR v4.0 is a Rich Internet Application (RIA) and uses Adobe's new Flex programming language.

"Simply put, an RIA delivers the most compelling and user-friendly experience for the user," said CEO Jim Schneider. "ECR v4.0 is unparalleled in its online functionality. It's unlike any other Web-based application."

The EHR within the system can receive input regarding patient history directly from the patient via a secure, encrypted access portal.

The documented data from any patient case presentation is consistent with the wellness-based philosophy of the AOA Clinical Practice Guidelines, according to EyeCodeRight™.

The EyeCodeRight™ Correct Coding Initiative automatically grades patient documentation for proper coding and billing.

The practice management system coordinates patient account management, clearinghouse-assisted electronic claims submissions, and staff task management.

The inventory and order management system includes complete databases of current frames and contact lenses.

The ECR v4.0 Instant Scheduler manages patient scheduling and doctor appointment times by reviewing necessary personnel and instrumentation for any patient encounter and automatically finding the correct time slot for the patient visit.

For more information, visit *www.eyecoderight.com*.

Meetings

For more meetings information, visit www.AOANews.org.

To submit an item, send a note to EventCalendar@aoa.org

February

MINNESOTA OPTOMETRIC ASSOCIATION, INC.
Feb. 1-3, 2007
Brooklyn Park, MN
www.minnesotaoptometrists.org
952/841-1122 or
800/678-8232

AEA CRUISE SEMINARS – Western Caribbean
Feb. 3-10, 2007
Star Princess
Dr. Mark Rosanova
888/638-6009
aeacruises@aol.com
www.optometriccruisesemi-nars.com

NORTH DAKOTA OPTOMETRIC ASSOCIATION
2007 LEGISLATIVE & CE CONFERENCE
Feb. 8-9, 2007
Radisson Hotel, Bismarck, ND
Nancy Kopp
701/258-6766
ndoa@btinet.net
www.ndeyecare.info

VT/STRABISMUS & AMBLYOPIA, PHOENIX, ARIZONA PRESENTED BY OEP CLINICAL CURRICULUM.
Feb. 8-11, Theresa Krejci, 800/447-0370 or visit www.babousa.org.

Affiliate Executives, Officers and InfantSEE® State Leaders:
Save the dates of Feb 28-March 2, 2007, for the InfantSEE® Summit. Details have been sent to your state optometric association executive director.

DELAWARE OPTOMETRIC ASSOCIATION AND PARAOPTOMETRIC ASSOCIATION
WINTER THAW CE AND MEETING
Feb. 10, 2007
Embassy Suites, Newark, DE
Troy Raber, O.D. or Holly Zakrociemski, CPOT
302/537-0234
traberod@aol.com

AEA CRUISE SEMINARS – South America
Feb. 12-24, 2007
Golden Princess
Dr. Mark Rosanova, President
888/638-6009
aeacruises@aol.com
www.optometriccruisesemi-nars.com

AEA CRUISE SEMINARS - HAWAII
Feb. 12-24, 2007
NCL Pride of America
888/638-6009
aeacruises@aol.com
www.optometriccruisesemi-nars.com

107TH TEXAS OPTOMETRIC ASSOCIATION ANNUAL MEETING
Feb. 15-18, 2007
Renaissance Austin Hotel, Austin, TX
512/707-2020
http://texas.optometry.net

HEART OF AMERICA CONTACT LENS SOCIETY CL AND PRIMARY CARE CONGRESS, Feb. 16-18, 2007. Hyatt Regency Crown Center, Kansas City, MO.
www.hoacls.org.
registration@hoacls.org or
316/681-0991

PALM BEACH COUNTY OPTOMETRIC ASSOCIATION
PALM BEACH WINTER SEMINAR
Feb. 16-18, 2007
PGA Resort & Spa, Palm Beach Gardens, Florida
Steven Silvestone, O.D.
561/792-9110
FAX: 561/242-1291
pbwinterseminar@yahoo.com
www.pbcoa.org

SECO
Feb. 21-25, 2007
Atlanta, GA
www.secointernational.com

TROPICAL SEA E
Feb. 21-27, 2007
Curacao
Scott Washburn
903/885-1591
swashburn@tropicalseae.com

21ST ANNUAL EYE SKI CONFERENCE
Feb. 25-March 2, 2007
Park City, UT
Tim Kime, O.D.
www.eyeskiutah.com

C.E.R.T.I.F. Group
CE Ski Meeting
February 25-March 1, 2007
Winter Park, Colorado
Dr. Joseph Hallak/Georgette
516/935-0717 or 866/875-6956
FAX: 516/930-0717
groscoe@optonline.net

March

MONTANA OPTOMETRIC ASSOCIATION
SKI CONFERENCE
March 1-3, 2007
Big Sky, Montana
406/443-1160
FAX: 406/443-4614
suew@mteyes.com
www.mteyes.com

FELLOWSHIP OF CHRISTIAN OPTOMETRISTS INTERNATIONAL EDUCATIONAL CONFERENCE
March 2-4, 2007
Brown County State Park, Nashville, IN
Kelly A. Frantz, O.D.
312/949-7281
FAX: 312/949-7653
kfrantz@ico.edu
www.fcoint.org/conference.html

MAINE OPTOMETRIC ASSOCIATION
Sugarloaf Ski Meeting
March 3, 2007
Carrabassett Valley ME
207/ 626-9920
207/ 626-9935
MOA.Office@MaineEyeDoctors.com
www.MaineEyeDoctors.com

NEVADA OPTOMETRIC ASSOCIATION, INC.
23RD ANNUAL SEE AND SKI TAHOE
March 4-7, 2007
Montbleu Resort Casino & Spa Lake Tahoe, NV
Alyssa Harvey
702/220-7444
noalv03@yahoo.com
www.nevadaoptometric.org

SACRAMENTO VALLEY OPTOMETRIC SOCIETY
19TH ANNUAL OCULAR SYMPOSIUM
March 4, 2007
Marriott Rancho Cordova Hotel, Rancho Cordova, CA
Jerry Sue Hooper
916/447-0270
jerrysue@svos.info
www.svos.info

OCULAR THERAPEUTICS CONTINUING EDUCATION
18TH ANNUAL OCULAR THERAPEUTICS IN CANCUN
March 7-11, 2007
Fiesta Americana Condesa Resort, Cancun, Mexico
Tony Litwak
856/429-7415
info@otce.net
www.otce.net

SOUTHWEST COUNCIL OF OPTOMETRY
March 9-11, 2007
Dallas, TX
www.swco.org

VT/LEARNING RELATED VISUAL PROBLEMS, Baltimore, March 8-12, presented by OEP CLINICAL CURRICULUM.
Contact: Theresa Krejci, 800 447 0370 or visit www.babousa.org.

OPTOMETRIC PHYSICIANS OF WASHINGTON
OPW ANNUAL CONVENTION & MEMBERSHIP MEETING
March 15-16, 2007
Bell Harbor Convention Ctr., Seattle, WA, www.eyes.org
Judy Balzer, opw@eyes.org
425/455-0874

OPTOMETRY ASSOCIATION OF LOUISIANA
CLEINMAN "BUSINESS OF EYECARE FORUM"
March 17, 2007
Holiday Inn, Alexandria, LA
James D. Sandefur, O.D.
318/335-0675
FAX: 318/335-0677
optla@bellsouth.net
www.optla.org

MASSACHUSETTS SOCIETY OF OPTOMETRISTS CONTINUING EDUCATION
March 18, 2007
Best Western Hotel, Marlborough, MA
Richard Lawless
508/875-7900
FAX: 508/875-0010
richie@massoptom.org
www.massoptom.org/events/default.asp

AEA CRUISE SEMINAR – SILVERSEA SOUTHERN CARIBBEAN
March 19-26, Silver Wind
888/638-6009
aeacruises@aol.com
www.optometriccruisesemi-nars.com

TROPICAL SEA E
COSTA RICA
March 21-27, 2007
Scott Washburn
903/885-1591
swashburn@tropicalseae.com

OPTOWEST 2007
California Optometric Association with affiliate part-ners-the Arizona, Hawaii, Nevada and Utah Optometric Associations
March 22-25, 2007,
Long Beach, CA
www.optowest.com

INTERNATIONAL VISION EXPO EAST
March 23-25, 2007
New York, NY
Jacob K. Javits Convention Center, New York, NY
www.visionexpoeast.com

VT/VISUAL DYSFUNCTIONS, Fort Lauderdale, FL Co-spon-sored by NOVA Southeastern University College of Optometry and OEP CLINICAL CURRICULUM.
March 28-April 1
Contact: Theresa Krejci, 800 447 0370 or visit www.babousa.org.

IOWA OPTOMETRIC ASSOCIATION
March 29-April 1, 2007
Des Moines, IA
www.iowaoptometry.org

April

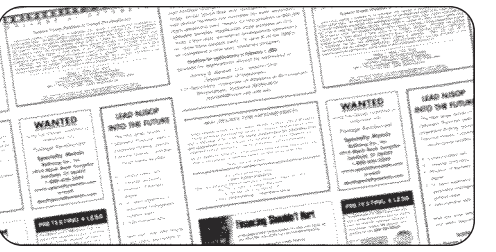
TROPICAL SEA E
April 11-17, 2007
St. Thomas
Scott Washburn
903/885-1591
swashburn@tropicalseae.com

ARKANSAS OPTOMETRIC ASSOCIATION
SPRING CONVENTION
April 19-22, 2007
Embassy Suites, Little Rock, AR
Jennifer Martinez
501/661-7675
FAX: 501/372-0233
www.arkansasoptometric.org

EXCELLENCE IN EDUCATION CONFERENCE 2007
April 22, 2007
Pennsylvania College of Optometry
Bernard Blaustein, O.D., FAAO
215/276-6180
www.pco.edu

AOA CONGRESSIONAL CONFERENCE
April 23-25, 2007
Washington, DC

AOA SPRING PLANNING CONFERENCE
April 25-29, 2007
St. Louis, MO



Ad Showcase

VOYAGES IN VISION
Optometric Educational Conference sponsored by the Virginia Optometric Assn. at the

ST. KITTS

Marriott Beach Resort & Casino

8 hrs of CE offered
April 26-29, 2007.

Contact the VOA office at 804-643-0309 (p), 804-643-0311 (f), or VOAEyeDocs@aol.com for more information.

Educational grants provided by: Retina Group of Washington, AMO Surgical, ABB Optical, Alcon Ophthalmic, and Allergan.

Visit the AOA Web site at www.aoa.org

New England Eye College of Optometry
Full-Time Tenure-Track Clinical Faculty
Cornea and Contact Lenses

The New England College of Optometry (NECO) invites applications for a full-time tenure-track faculty position in the area of Cornea and Contact Lenses within the Department of Specialty and Advanced Care. Applicants should have an O.D. degree and advanced training or experience in the areas of contact lenses and corneal science. An advanced degree such as a Ph.D. or M.S. in a related field is desirable, though not required.

Responsibilities will depend upon the unique qualifications and interests of the applicant, and will include lecturing and laboratory teaching in the Contact Lens course, research, and clinical care as a member of the professional staff of the New England Eye Institute (NEEI), the College's clinical affiliate, in the Cornea and Contact Lens Service. The applicant must be eligible for licensure in Massachusetts.

The successful applicant will have a demonstrated expertise in specialty contact lens care, management of corneal disease, and co-management of refractive surgery. In addition, the applicant must have a commitment to excellence in clinical care, a developing record of scholarship, and a clear potential to assume a leadership role in a dynamic health care and educational environment. The applicant will be expected to establish an extramurally funded research program. Faculty rank and salary will be commensurate with experience.

The College is a small but dynamic institution with a strong commitment to optometric teaching, patient care, and the development of a collaborative research environment. Applicants should submit a complete curriculum vitae, a statement of teaching and research interests, and the names of three professional references to:

Dr. Steven Koevary, Interim VP/Dean of Academic Affairs
c/o Office of Academic Affairs
The New England College of Optometry
424 Beacon Street.
Boston, MA 02115
koevarys@neco.edu
www.neco.edu
www.newenglandeye.org

British Columbia Association of Optometrists

BCAO is pleased to present its 27th annual OPTOFAIR and Continuing Education Seminars, from March 16 to 19, 2007 in Vancouver, Canada

Embracing the Challenge of Change

KEYNOTE SPEAKERS:

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Please mention you are with the MWCO conference to receive special room rate.

MWCO
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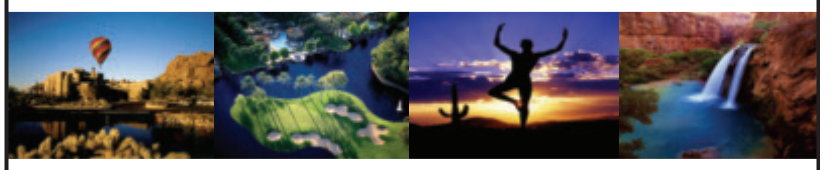
April 19-21 2007

Mountain West Council of Optometrists brings you these outstanding speakers:
***Paul Karpecki *John McGreal**
***Christine Sindt *Jim Thimons**
Information:
please contact Tracy Abel at 888-376-6926
or email tracyabel@earthlink.net
WWW.MWCO.ORG

Arizona Optometric Association



33rd Annual Invitational
Bronstein Contact Lens Seminar

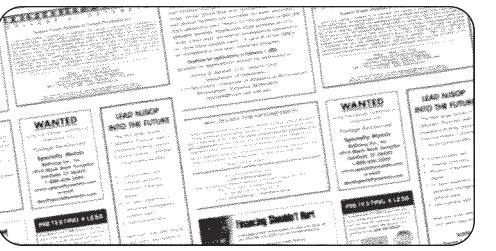
January 26-28, 2007

3rd Annual
Dr. Leonard Bronstein Memorial Dinner
Honoring
Robert B. Mandell, O.D., F.A.A.O.
Charles H. May, O.D., F.A.A.O.

18 Hours of COPE approved CE

Chaparral Suites Hotel, 5001 North Scottsdale Road, Scottsdale, AZ 85250
Accommodations: Single/Double Suite $155
Call: 800-528-1456 or 480-949-1414

Seminar Registration
Arizona Optometric Association
1702 E. Highland, Suite # 213, Phoenix, AZ 85016
Ph: 602-279-0055 Fax: 602-264-6356
E-mail: Jane@azoa.org



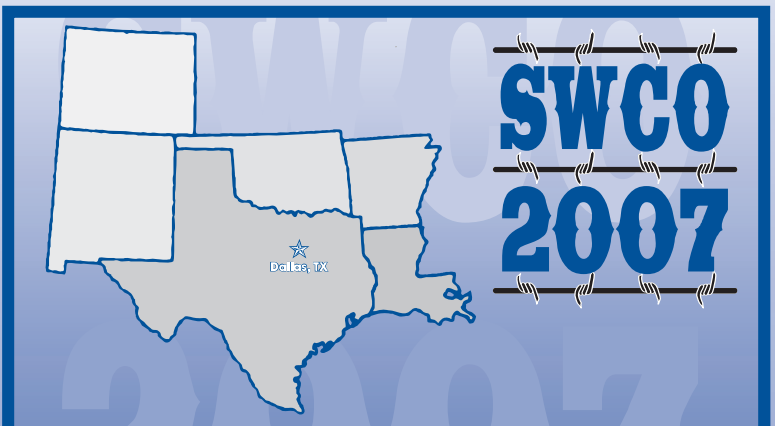
Announcement of VA Optometry Residency

Opening 2007/2008

Northport VA Medical Center, Northport, Long Island, New York announces the availability of four (4) funded optometric residency positions. The Residency Program is under the guidance of the Northport VA staff and is affiliated with SUNY State College of Optometry. The uniqueness of the Residency Program is that the residents will receive extensive clinical training and experience in three (3) major areas: Primary Care including the diagnosis and treatment of all ocular diseases, Rehabilitative Optometry for head trauma/stroke and convergence problems and Low Vision rehabilitation. Rotations and interactions will occur with other health care providers within the Medical Center.

This program will commence in July 2007. Candidates should submit by February 1, 2007, complete curriculum vitae with cover letter, educational transcripts, results of national and state boards, and copies of a state license if obtained. Approximate stipend: $32,894. **Send material to: Allen H. Cohen, O.D., Chief Optometry Service (123), Department of Veterans Affairs Medical Center, 79 Middleville Road, Northport, New York 11768**

VA Medical Center
Northport, New York 11768



SWCO 2007

SWCO 2007 Speakers

Bruce E. Onofrey, RPh, O.D., FAAO
Alan G. Kabat, OD, FAAO
Kim Lambreights OD, FAAO
Lee Carr, OD, FAAO
John Rumpakis OD, FAAO
Joyce D. Ardrey, CPC
Jan P.G. Bergmanson, OD, PhD, FAAO
Ian Benjamin Gaddie, O.D., FAAO
William D. Townsend, OD, FAAO

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Contact us at: **www.SWCO.org**

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New England Eye Institute Invites Applications Director of Homeless Eye Care Programs

New England Eye Institute (NEEI), the clinical affiliate of the New England College of Optometry (NECO), invites applications for a professional staff leader to serve as the Director of for the institute's Homeless Eye Care Programs. The Director of Homeless Eye Care Programs will deliver care and lead a team responsible for the development and implementation of an innovative interdisciplinary clinical care and teaching model to address health disparities in the homeless population of metropolitan Boston, with a goal of creating a national model for homeless eye care delivery. The Director of Homeless Eye Care Programs will receive an adjunct teaching appointment with NECO and a professional staff appointment with Boston Health Care for the Homeless Program (BHCHP).

The Director of Homeless Eye Care Programs is a highly qualified doctor of optometry, clinician-educator and innovative program leader who works within a dynamic team-oriented, interdisciplinary non-profit eye care network planning, implementing and assessing high quality comprehensive eye and vision services and programs for metropolitan Boston's homeless men, women and children.

Required qualifications include an OD degree, advanced professional credentials such as residency training or equivalent clinical and administrative leadership experience in homeless eye care, eligibility to be licensed in Massachusetts and an active commitment to excellence in patient care for homeless populations and excellence in teaching students in of optometry and other health care disciplines.

We offer a very competitive salary and benefit package. Start date for this position is July 1, 2007. Applicants should submit a letter of application and curriculum vitae by March 1, 2007 to:

Dr. Barry Barresi
President, New England Eye Institute
Attn: Ms. Benay Schlossberg
940 Commonwealth Avenue
Boston, MA 02215
617.236.6311
schlossbergb@neco.edu
www.newenglandeye.org

NORTHEASTERN STATE UNIVERSITY

OKLAHOMA COLLEGE OF OPTOMETRY

is seeking applicants for two faculty positions with an emphasis in primary care. One position is a tenure track position and will include classroom and clinical teaching duties. The second position is a non-tenure track position with responsibilities for providing direct clinical care and clinical teaching.

Applicants' qualifications must include the O.D. degree and eligibility for licensure to practice the full scope of Optometry in **Oklahoma**. Preference will be given to applicants with advanced academic degrees, residency training, or teaching experience. Positions open until filled.

A current curriculum vitae, official transcripts of all college work completed, and three letters of reference must be submitted to:
Barbara Abercrombie, Director of Human Resources, Northeastern State University, 600 North Grand Avenue, Tahlequah, OK 74464-2399

Questions concerning the positions may be directed to:
Douglas K. Penisten, O.D., Ph.D.
Associate Dean at (918) 444-4025
Ref: Position # E0002002 (tenure track)/PPCN2006 (non-tenure track)

Ad Showcase

School of Optometry
INDIANA UNIVERSITY

2007-2008 Affiliated Residency Programs
12-month Programs beginning July 1st

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Indiana University School of Optometry, IN
Program Coordinator: Susan Kovacich, OD
E-mail: skovach@indiana.edu
Phone: (812) 856-5699

Ocular Disease
Huntington VAMC, WV
Program Coordinator: Matthew Cordes, OD
E-mail: Matthew.Cordes@med.va.gov
Phone: (304) 429-6755x2885

Binocular Vision/Pediatrics
Indiana University School of Optometry, IN
Program Coordinator: Don Lyon, OD
E-mail: dwlyon@indiana.edu
Phone: (812) 855-9196

Ocular Disease
Bennett & Bloom Eye Centers
Program Coordinator: Lee Peplinski, OD
E-mail: drp@eyecenters.com
Phone: (502) 895-0040

Low Vision
Indiana University School of Optometry, IN
Program Coordinator: Elli Kollbaum, OD
E-mail: ekollbau@indiana.edu
Phone: (812) 855-0831

Ocular Disease
UK Department of Ophthalmology and Visual Sciences
Program coordinator: Cliff Caudill, OD
E-mail: Cmcaud2@email.uky.edu
Phone: (859) 323-5867 x259

Ocular Disease
Indiana University School of Optometry, IN
Program Coordinator: Vic Malinovsky, OD, FAAO
E-mail: malinovs@indiana.edu
Phone: (812) 855-5941

Refractive and Ocular Surgery
Wang Vision Institute
Program Coordinator: Helen Bowerman, OD
E-mail: dra@wangvisioninstitute.com
Phone: (615) 321-8881

Primary Eye Care
Indiana University School of Optometry, IN
Program Coordinator: Patricia Henderson, OD
E-mail: henderso@indiana.edu
Phone: (812) 855-1671

Primary Eye Care
Danville VAMC, IL
Program Coordinator: Stephen Boyer, OD, FAAO
E-mail: Stephen.Boyer@ med.va.gov
Phone: (217) 442-8000x5403

Application may be obtained from the web:
http://www.opt.indiana.edu/residenc/residenc.htm
Mail/fax completed application and additional materials to:
Steve Hitzeman, OD
Director of Residencies
IU School of Optometry
800 E. Atwater Avenue
Bloomington, IN 47405
Phone: (812) 855-4979
Fax: (812) 855-8664

Application Deadline for all Programs is February 1

IU Affiliated Programs use the Optometric Residency Matching Service (ORMS).
For application instructions, visit the ORMS website:
www.orms.org

Indiana University is an equal opportunity affirmative action employer.

Dade County Optometric Association

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Saturday/Sunday, March 10-11, 2007

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Including *Florida L jurisprudence, Medical Errors, HIV/AIDS, and 8 hours Florida TQ*

Stuart Richer, O.D., Ph.D., F.A.A.O. - ***Gaining Ground in the War Against AMD***
and ***Boomers and the Booming Dynamics of Aging***
Wayne Wood, O.D. ***- 100 Great Ideas for Your Contact Lens Practice***
and ***Slightly Nutty Ideas that Might Make You Richer***
Paul Ajamian, O.D., F.A.A.O. - ***What's Wrong with This Picture: Avoiding Malpractice***
and ***My Favorite Cases: Finding the Pearl in Every Oyster***

For a brochure or more information, contact:
DCOA@miamieyes.org or Steve or Lynne at 800-808-5018

MIAMI NICE

New England Eye College of Optometry
Full-Time Tenure-Track Clinical Faculty
Developmental Vision, Vision Therapy, Pediatrics, and/or Traumatic Brain Injury

NEW ENGLAND EYE

The New England College of Optometry (NECO) invites applications for a full-time tenure-track faculty position in the Department of Specialty and Advanced Care. Applicants should have an O.D. degree and advanced training with an expertise within the broad area(s) of developmental vision, vision therapy, pediatrics and/or traumatic brain injury. A Ph.D. or M.S. in a related field is preferred.

Responsibilities will depend upon the unique qualifications and interests of the applicant, and will include clinical care, laboratory teaching, lecturing, and research. He/she will serve as a member of the professional staff of the New England Eye Institute (NEEI), the College's clinical affiliate, and may provide care in a variety of settings including community health centers, schools, hospitals and other health facilities in the greater Boston area. The applicant must be eligible for licensure in Massachusetts. The applicant will also be expected to establish an extramurally funded research program. Faculty rank and salary will be commensurate with experience.

The College is a small but dynamic institution with a strong commitment to optometric teaching, patient care, and the development of a collaborative research environment. Applicants should submit a complete curriculum vitae, a statement of teaching and research interests, and the names of three professional references to:

Dr. Steven Koevary, Interim VP/Dean of Academic Affairs
c/o Office of Academic Affairs
The New England College of Optometry
424 Beacon Street.
Boston, MA 02115
koevarys@neco.edu
www.neco.edu
www.newenglandeye.org

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Louis J. Catania, OD, FAAO
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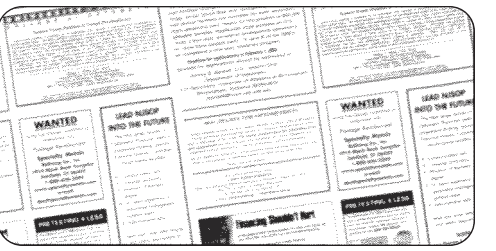

Classifieds

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Connecticut Optometry Opportunities: Growing Optometry practice has full time and part-time OD positions available in the following areas: Greenwich, Stamford, Danbury, Bridgeport, Litchfield, Fairfield, New London & Meriden. We offer excellent compensation, established patient base & family friendly flexible schedule. Email CV to caring@healthdrive.com or fax (toll free) 866-657-5400 or call (toll free) 877- 724-4410.

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Executive Director - Arizona Optometric Association. Non profit professional association seeking motivated individual to supervise the operation of the Association under the guidance of the Board of Directors. Duties would include, but not limited to, meeting planning, fund raising, legislative activity, newsletter and brochure production, coordination of community activities. Political experience a plus. Attractive salary and benefits. Contact Dr. David Rockwell, 623-933-6586 or submit resume to drock2020@msn.com

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NORTH CENTRAL FLORIDA- Solo practice Fair Market Value: $289,000.00. CONTACT PRACTICE BROKER, DR. RICHARD S. KATTOUF, O.D., D.O.S., #800-745-3937.

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SIOUX FALLS, SOUTH DAKOTA Ocular disease trained optometrist for surgery center in Sioux Falls, SD. Work with anterior segment and retina surgeons. Residency trained or ophthalmology experience preferred. Fax CV to 712-239-4946 or email: wing.hsieh@joneseyeclinic.com

TEXAS, South Gulf Coast – 2 locations – 45 miles apart (1st) Strip mall. 2,200 sq ft, 2 fully equipped lanes. (2nd) Free standing building, 2,500 sq ft, 3 fully equipped lanes. Together they gross $800k+. . 100% Financing. Contact info@promed-financial.com or 888 277 6633.

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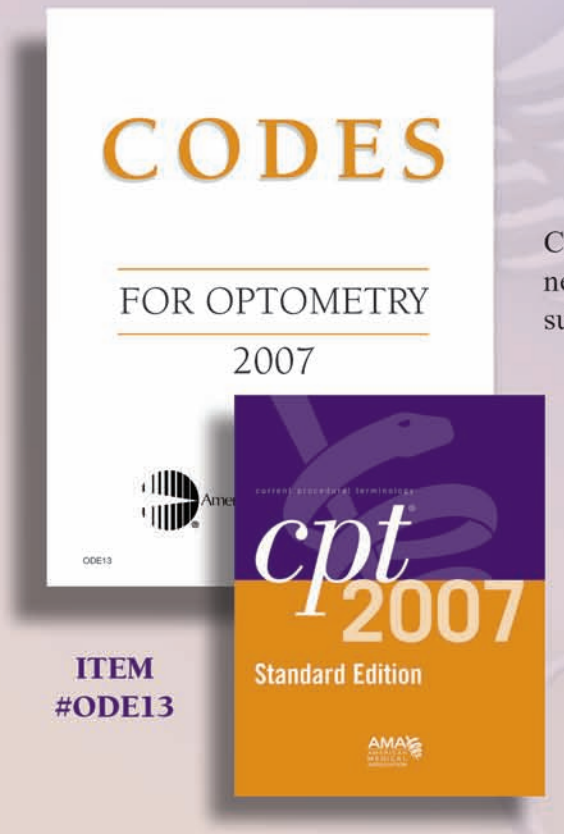

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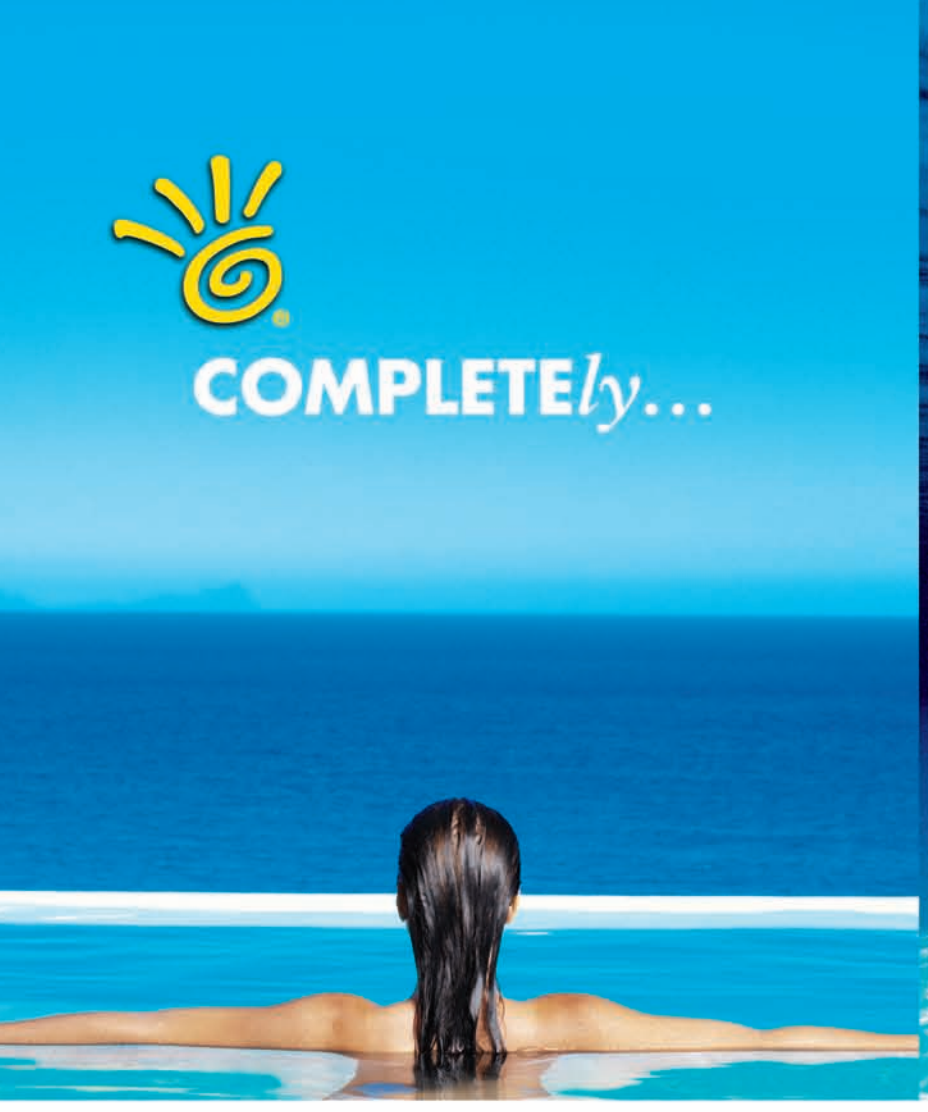

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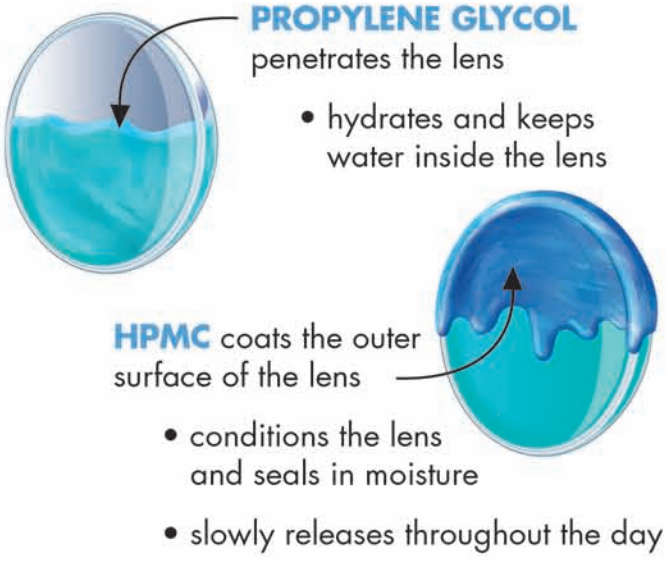

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1. Grus FH, Kramann C, Bozkurt N, et al. Effects of multipurpose contact lens solutions on the protein composition of the tear film. *Cont Lens Anterior Eye.* 2005;28:103-112.